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103d Congress — 1st Session • January 5–November 26, 1993

# House Document

## No. 122

FINANCIAL DISCLOSURE REPORTS
MEMBERS OF HOUSE OF REPRESENTATIVES
103d CONGRESS
JANUARY 1–DECEMBER 31, 1992
VOLUME 1 OF 3 VOLUMES

## United States Congressional Serial Set

Serial Number 14182

United States Government Printing Office
Washington : 1995

103d Congress, 1st Session - - - - - - - - - - House Document 103–122

# FINANCIAL DISCLOSURE

# REPORTS

## OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES OF THE 103D CONGRESS

FOR THE PERIOD

## January 1, 1992 to December 31, 1992

COMMUNICATION FROM THE CLERK OF THE HOUSE PURSUANT TO 2 U.S.C. 703(d)(1) AND RULE XLIV, CLAUSE 1 OF HOUSE RULES

(Volume 1 of 3)

JULY 23, 1993.—Referred to the Committee on Standards of Official Conduct and ordered to be printed

U.S. GOVERNMENT PRINTING OFFICE

70–597 WASHINGTON : 1993

# LETTER OF TRANSMITTAL

Donnald K. Anderson
Clerk

Patricia A. Bias, Director
Office of Records and Registration

Office of the Clerk
U.S. House of Representatives
Washington, DC 20515-6601

July 22, 1993

Honorable Thomas S. Foley
The Speaker
U. S. House of Representatives
Washington, D. C.

Dear Mr. Speaker:

I hereby submit the annual compilation of personal financial disclosure statements filed with the Clerk of the House of Representatives pursuant to the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §103 et seq.), and House Rule XLIV.

This compilation contains the personal financial disclosure statements and amendments thereto required to be filed by Members of the House pursuant to the Act and House Rule XLIV by May 15, 1993, and includes the financial transactions as reported therein which occurred between January 1, 1992 and December 31, 1992.

House Rule XLIV provides that the annual compilation of reports filed with the Clerk be printed as a House document by August 1 and contain all such reports sent to him by Members within the period beginning January 1 and ending June 15 of each year. This compilation is submitted accordingly.

With great respect, I am

Sincerely yours,

Donnald K. Anderson

DONNALD K. ANDERSON, Clerk
U. S. House of Representatives

Enclosure

# ALPHABETICAL COMPILATION OF FINANCIAL DISCLOSURE REPORTS FILED BY MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES PURSUANT TO HOUSE RULE XLIV

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 13 AM 11:08

HAND DELIVERED

MC

(Office Use Only)

Neil Abercrombie
(Full Name)

1440 Longworth HOB
(Mailing Address)

225-2726
Daytime Telephone

Washington DC 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | ☒ Member of the U.S. House of Representatives | State: HI District: first | ☐ Officer or Employee | Employing Office |
| **Report Type** | ☒ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes ☒ | No ☐ | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes ☐ | No ☒ |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II** | Yes ☒ | No ☐ | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes ☒ | No ☐ |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes ☒ | No ☐ | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes ☒ | No ☐ |
| Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes ☐ | No ☒ | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes ☐ | No ☒ |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes ☒ | No ☐ | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes ☐ | No ☒ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes ☐ | No ☒ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| | |
|---|---|
| **SIGNATURE OF REPORTING INDIVIDUAL** Neil Abercrombie | **DATE (Month, Day, Year)** |



(1)

Reporting Individual's Name
Neil Abercrombie

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | State of Hawaii | legislative pension | 20,991 |
| | District of Columbia | Spouse,Unemployment | NA |
| | American University | Spouse,Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Neil Abercrombie

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year and value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | Coop.Apt.at 1630 Makiki St.Hono. | | | | | | X | | | | | | X | | | | | | | | | | | | X | | | | | |
| S | CD-First Hawaiian Bank | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Accounts at UH Credit Union | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Accounts at Congressional CrdtUn. | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
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For additional assets and unearned income, use next page



Schedule III

Reporting Individual's Name
Neil Abercrombie

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| S, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset: Year End Value (X) — None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) — DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) — None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Block D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. • All items on this page are accounts in an IRA, the dividends are reinvested, income is deferred | | | | | | | | | | | Reinvested. ===deferred | | | | | | | | | | | | | | | | |
| S | Example: ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | Example: George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | |
| | Example: 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| • | IRA:IDS/AmExpFedBond Income Fund | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| • | IRA:IDS/AmExpManaged RetirementFnd | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| • | IRA:IDS/AmExpBalcor,PenInvLimPrtnr | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| • | IRA:IDS/AmExp/TSA403B/fromHI.DOE | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
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For additional assets and unearned income, use next page

Reporting Individual's Name
Neil Abercrombie

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Bank of Hawaii | mortgage on coop. apt. at 1630 Makiki St. Honolulu | | X | | | | | |
| | First Hawaiian Bank | Personal Loan, paid off | | X | | | | | |
| | University of Hawaii Credit Union | consolidation of above loan formerly with First Hawaiian | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name

Neil Abercrombie

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Florida Sugar Growers | March22-23 | WashDC-Florida-WashDC | Y | Y | none | N |
| | Santa ClaraCntyCntrlLbrCncl | May1-2 | WashDC-SanJose-WashDC | Y | Y | none | N |
| | Electrical Industry Assoc. | May24-29 | WashDC-Chicago-WashDC | Y | Y | none | N |
| | California Labor Council | May17-18 | WashDC-Sacramento-WashDC | Y | Y | none | N |
| | Hawaii Sugar Planters Assoc. | Nov16-16 | Honolulu -Maui-Honolulu | N | Y | none | N |
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Reporting Individual's Name
Neil Abercrombie

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Board Member | Special Olympics Hawaii |
| Board Member | Epilepsy Foundation of Hawaii |
| Board Member | Nuuanu Y M C A |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 28.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO: 1983 66-536A (PA)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 17

(9)

GARY L. ACKERMAN
(Full Name)

2445 Rayburn HOB — 202-225-2601
(Mailing Address) — Daytime Telephone:

Washington, DC 20515

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: New York District: 7 ('92) | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

HAND DELIVERED
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| | |
|---|---|
| **SIGNATURE OF REPORTING INDIVIDUAL** Gary L. Ackerman | **DATE (Month, Day, Year)** May 17, 1993 |

Reporting Individual's Name

ACKERMAN

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| Source | Type | Amount |
|---|---|---|
| Examples: State College | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Fairfax County Board of Education | Spouse Salary | NA |
| Tribco Inc. | Spouse compensation | N/A |
| Pride of Judea Mental Health Center | " " | N/A |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

ACKERMAN

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| | Tellus Ind. | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | X |
| | Managed Health Care - Warrants | X | | | | | | | | | | | | | X | | | | | | | | | X | | | | X |
| | Fidelity Magellan | | | X | | | | | | | | X | | | X | | | | | | X | | | | | | | |
| | Fidelity Spartan NY Hi | | | | X | | | | | | | X | | | X | | | | | | | | X | | | | | |
| | IRA-Nationwide-Self | | | | X | | | | | | | | N/A | | | | | IRA | | | | | | | | | | |
| | IRA-Nationwide-Spouse | | | | X | | | | | | | | N/A | | | | | IRA | | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ACKERMAN

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| Defined Benefit Plan Nathan & Lewis (Rolled over: Keogh Pershing) | | | | X | | | | | | | | | N/A | | | | | | | | | | | | | |
| Congressional Fed. Credit Union | | X | | | | | | | | | | | X | | | | | X | | | | | | | | |
| Melrose Credit Union | | | | | X | | | | | | | | X | | | | | | | | | X | | | | |
| EAB Money Market | | | X | | | | | | | | | | X | | | | | X | | | | | | | | |
| Citibank - various Accts. | | | X | | | | | | | | | | X | | | | | | X | | | | | | | |
| Shearson (rolled over to Nathan & Lewis Aug. '92) | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| Prudential Bache (rolled over to Nathan & Lewis) | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| Hi Low Stock Club (Partnership Income) | | | X | | | | | | | | X | | | X | | | | X | | | | | | | | |
| ILM Aquisition LP | X | | | | | | | | | | | | | X | | | X | | | | | | | | | X |
| Paramount Communications | X | | | | | | | | | | | | | X | | | | X | | | | | | | | X |
| ACB Publications (1/3 interest) | | | | X | | | | | | | | | | X | | | X | | | | | | | | | |
| Hawaiian Gardens Condo Ft. Lauderdale Lakes, FL | | | | X | | | | | | | | X | | | | | | | | | X | | | | | |
| Managed Health Care (common) | X | | | | | | | | | | | | | X | | | | | X | | | | | | | X |
| Trinity Capitol Enterprises | X | | | | | | | | | | | | | X | | | | | | X | | | | | | X |
| Perma Fix Env. Services (common) | | | X | | | | | | | | | | | X | | | X | | | | | | | | | X |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: ACKERMAN

| S, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset: Year End Value (X) A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | Over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | Over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | International Movie Group | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Perma Fix Env. Services (warrants) | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | X |
| | Perma Fix Env. Services (common) | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | X |
| | A.S. Goldmen Money Mkt | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Nathan & Lewis (Brokerage & $ Mkt Accts) (from Alliance & Pershing & Shearson) | | | | X | | | | | | | X | | X | | | | | | | X | | | | | | | | |
| | Dominick & Dominick Cash Account Brokerage (now Hill) | X | | | | | | | | | | X | | X | | | | | X | | | | | | | | | | |
| | NCI Warrants | | | | X | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | NCI Common | | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | X |
| | Hill Thompson ($ Mkt) (was U.S. Clearing was Dominick) | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Flushing Tribune Inc., Multi Media Adv. Inc. | | | | X | | | | | | | | | | | | | (see agreements) | | | | | | | | | | | |
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Reporting Individual's Name

ACKERMAN

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H Over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | ILM Aquisition LP | | X | | 10-29-92 | X | | | | | | |
| | Paramount Communications | | X | | 10-14-92 | X | | | | | | |
| | Tellus Industries | | X | | 11-12-92 | X | | | | | | |
| | Managed Health Warrants | X<br>| X | | 8-11-92<br>8-12-92 | X<br>X | | | | | | |
| | Managed Health Care - Common | X<br>| X | | 8-18-92<br>8-19-92 | X<br>X | | | | | | |
| | Trinity Capitol Enterprises | X<br>| X | | 5-21-92<br>7-06-92 | X<br>X | | | | | | |
| | Perma Fix Env. Services - Common | X<br>| X | | 12-08-92<br>12-09-92 | X<br>X | | | | | | |
| | Perma Fix Env. Services - Warrants | X<br>| X | | 12-08-92<br>12-10-92 | | (under $1,000) | | | | | |
| | NCI (Common) | | X | | 10-13-92 | | X | | | | | |
| | Perma Fix Env. Services - Common | X | | | 12-15-92 | X | | | | | | |
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Reporting Individual's Name: ACKERMAN

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | J.I. Kislak Mortgage Corp. | Ft. Lauderdale Condo | X | | | | | | |
| | Melrose Credit Union (pd 1/3/92) | Passbook Loan | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

ACKERMAN

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Carol Pollard | 12-22-92 | NYMarion, IL-NY | N | N | None | N |
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This page may be copied if more space is required.

Reporting Individual's Name
ACKERMAN

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Director | News Communications Inc. |
| | |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 28.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 5/15/89 | Tribco/Queens Tribune/Multi Media/ | Gary L. Ackerman to continue to receive proportionate share of the assets, including the accounts receivable, of the Flushing |
| | Mike Schenkler | Tribune Inc. and Multi Media Inc. until all such assets are paid. |
| | | |
| | | |
| | | |
| | | |

GPO: 1992 90-536A (94)

HAND DELIVERED

HOUSE OF REPRESENTATIVES
WASHINGTON DC 20515
(202) 225-2601

218-14 NORTHERN BOULEVARD
BAYSIDE NY 11361
(718) 423-2184

229 MAIN STREET
HUNTINGTON NY 11743
(516) 423-2184

Gary L. Ackerman
Congress of the United States
5th District, New York

COMMITTEE ON
FOREIGN AFFAIRS
SUBCOMMITTEES
CHAIRMAN, ASIA AND THE PACIFIC
INTERNATIONAL SECURITY
INTERNATIONAL ORGANIZATIONS
AND HUMAN RIGHTS
COMMITTEE ON POST OFFICE AND
CIVIL SERVICE
VICE CHAIRMAN, SUBCOMMITTEE ON
COMPENSATION AND EMPLOYEE BENEFITS
COMMITTEE ON MERCHANT MARINE
AND FISHERIES
SUBCOMMITTEE ON MERCHANT MARINE

'93

May 18, 1993

MAY 19 . . 13

The Honorable Donnald K. Anderson
Clerk of the House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, DC 20515

1 ✓
MC

Dear Mr. Clerk:

This is to clarify my financial Disclosure Statement for Calendar Year 1992. The Nathan & Lewis brokerage account listed on page 5 of the Statement includes a New York City municipal bond, Category B.

Thank you for your attention to this matter.

Sincerely,

Gary L. Ackerman

Gary L. Ackerman
Member of Congress

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
OFFICE OF THE CLERK
1993 APR 19 PM 1:57
U.S. HOUSE OF REPRESENTATIVES

MC 6

DM

(Office Use Only)

Alan Wayne Allard
(Full Name)

1203 Jennifer Dr.
(Mailing Address)

(303) 493-9132
Daytime Telephone

Loveland, CO 80537

**Filer Status**: [X] Member of the U.S. House of Representatives — State: CO District: 4 — [ ] Officer or Employee — Employing Office:

**Report Type**: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

**SIGNATURE OF REPORTING INDIVIDUAL**: A. Wayne Allard

**DATE (Month, Day, Year)**: 4/16/93

**Reporting Individual's Name**

A. Wayne Allard

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX Over $1,000,000 | |
| S, DC, JT | Exam-ple: | S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| X | | Savings Accounts: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Bank One-Westlake (Formerly Westlake Nat'l.) | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | | Congressional Credit Union | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | | Bank One-Loveland (Formerly First National) | | | | | X | | | | | | | | | | | | IRA | | | | | | | | | | | N/A |
| JT | | Kemper Municipal Bonds | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| JT | | 412 3rd St., SE, Wash. D.C. (2/3 Personal Residence) | | | | | | | X | | | | | X | | | | | 1/3 rented | | | | | X | | | | | | |

For additional assets and unearned income use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: A. Wayne Allard

| S, DC, JT | BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.) | BLOCK B Valuation of Asset: Year End Value (X) — None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) — DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) — None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | (Personal Residence) 1203 Jennifer Dr. Loveland, CO | | | | | | | | | | N/A | | | | | | | Reimburse from child | | | | X | | | | | | | |
| JT | 2001 7th Ave., Greeley, CO(House) | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | |
| | A. Wayne Allard Trust | | | | | X | | | | | | | | | | | | None | X | | | | | | | | | | |
| | 15 lots plus 12 acres in 2nd ~~Subdivision of Tract 3;~~ Loch Lon 13th Addition. (Loveland) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | RMR Group (NOte receivable) | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Spring Canyon Investments Ltd. (3.2675% Interest) | | X | | | | | | | | | | | XX | | | | | | | | | | X | | | | | |



Schedule III—Continuation

Reporting Individual's Name
A. Wayne Allard

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | Chase Mortgage CO. (DC) | 1st Mortgage, 412 3rd St., SE (DC) | | | | X | | | |
| JT | Source One | 1st Mortgage, 2001 7th St (Greeley) | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name
A. Wayne Allard

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Speak to Amer. Medical Assoc. Health Care Seminar | 2/28-3/1 | Roundtrip Air,DC-Miami | Y | Y | Spouse | N |
| | Dow Elanco (Speech) | 2/3 | One way, Denver-DC via Indianapolis | Y | Y | Spouse | N |
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Page 15 of 6

Schedule VII

Reporting Individual's Name
A. Wayne Allard

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Limited Partner | Spring Canyon Investments, Ltd. (3.2675% interest) |
| Board of Directors | James Madisón Foundation (Presidential Appointment) |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO: 1992 80-934A (94)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(9)

1993 MAY 17 PM 4:18

Michael A. Andrews, Member of Congress
(Full Name)

303 Cannon H.O.B.
(Mailing Address)

Washington, D.C. 20515
Daytime Telephone: 202-225-7508

**HAND DELIVERED**

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Texas District: 25th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

MC (Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.) The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| Michael A. Andrews | May 13, 1993 |

| Reporting Individual's Name |
|---|
| Michael A. Andrews |

## SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Ann Andrews Interiors, Washington, D.C. | Spouse Income | NA |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

Michael A. Andrews

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| NA | | | |
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**Reporting Individual's Name**

Michael A. Andrews

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | | Transaction (X) |
| | | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| JT | Antique Furnishings & Prints | | | | | | | | X | | | | | | | | | | | X | | | | | | | | | | | |
| DC | Annuity for benefit of daughter held by Garden State Life Ins. Co. | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: Michael A. Andrews

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Reporting Individual's Name
Michael A. Andrews

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H Over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | NA | | | | | | | | | | | |
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Reporting Individual's Name
Michael A. Andrews

## SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | Federal Credit Union | Personal Loan | | X | | | | | |
| JT | Compass Bank | Personal Loan | | X | | | | | |
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## SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name

Michael A. Andrews

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| NA | | | | | | | |
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Reporting Individual's Name
Michael A. Andrews

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 26.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| National Board of Directors | Houston Ballet Association |
| Board of Trustees | National Wildflower Research Center |
| National Board of Directors | Woodrow Wilson House |
| | |
| | |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| NA | NA | NA |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
RECORDS & LEGISLATION
1993 MAY 10 PM 2:59
CLERK
U.S. HOUSE OF REPRESENTATIVES

(9)

MAY 14 1993

MC
(Office Use Only)

Robert E. Andrews
(Full Name)

1105 Creek Road, Bellmawr, New Jersey 08031-1521
(Mailing Address)

(609)627-9000
(202)225-6501
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: New Jersey District: First | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

**SIGNATURE OF REPORTING INDIVIDUAL** Robert E. Andrews

**DATE (Month, Day, Year)** 5-14-93

Reporting Individual's Name
Robert E. Andrews

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $8,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II

**Reporting Individual's Name**
Robert E. Andrews

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
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Reporting Individual's Name

Robert E. Andrews

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| | Massachusetts Financial Services Lifetime Plus Interest | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |
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| | Olive B. Andrews Testamentary Trust (50% remainder interest in Life Estate) NOTE: This trust was not created by the reporting individual and the reporting individual has no specific knowledge of the holdings of the trust. | | | | | | X | | | | | | | | | | X | | | X | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Robert E. Andrews

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Year End Value (X) | | | | | | | | | | Type of Income (X) | | | | | | | | Category of Amount of Income (X) | | | | | | | | |
| S, DC, JT | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
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Reporting Individual's Name

Robert E. Andrews

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| | | Type of Transaction (X) | | | | Amount of Transaction | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S, DC, JT | Identification of Assets | Purchase | Sale | Exchange | DATE (MO, DAY, YR) | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H Over $1,000,000 |
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
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| Reporting Individual's Name |
|---|
| Robert E. Andrews |

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name

Robert E. Andrews

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Cornell University | Jan. 31 | Phila - Ithaca, NY - Phila | N | N | None | None |
| | Idaho State Young Democrats | Feb. 29 | Phila - Boise, Idaho-Phila | N | N | None | None |
| | VPP Participants Association | Aug. 18 | Phila - Orlando, Fla.-Phila | N | N | None | None |
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| Reporting Individual's Name |
|---|
| Robert E. Andrews |

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO: 1986 [illegible]

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

Thomas H. Andrews
(Full Name)

1530 Longworth Bldg
(Mailing Address)

202/225-6116
Daytime Telephone

Washington, DC 20515

| Filer Status | | | |
|---|---|---|---|
| | ☒ Member of the U.S. House of Representatives | State: ME District: 1 | ☐ Officer or Employee — Employing Office: |

| Report Type | | | |
|---|---|---|---|
| | ☒ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

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(Office Use Only) 5

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes ☒ | No ☐ | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes ☐ | No ☒ |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes ☒ | No ☐ | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes ☐ | No ☒ |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes ☒ | No ☐ | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes ☐ | No ☒ |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes ☐ | No ☒ | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes ☐ | No ☒ |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes ☒ | No ☐ | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** -- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes ☐ | No ☒ |
| **EXEMPTION** -- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes ☐ | No ☒ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Thomas H. Andrews **DATE (Month, Day, Year)** 5/17/93

Reporting Individual's Name
Thomas H. Andrews

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Debra Andrews, I.U.C./USA, Washington, DC Education Consultant | consultant fees | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Thomas H. Andrews

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | Brookings Institution | speech | April, 1992 | $400 |
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Reporting Individual's Name
Thomas H. Andrews

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | X |
| | Examples: George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | |
| | Examples: 162 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| JT | Coastal Bank, Portland, ME CD | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| JT | Rental of upstairs unit in Portland, Maine home | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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For additional assets and unearned income, use next page

Reporting Individual's Name
Thomas H. Andrews

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | Knutsen Mortgage Co., Minneapolis, MN | Mortgage on 58 Gray Street | | X | | | | | |
| | | Portland, Maine home | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
OFFICE OF PROPERTY & SECURITY
1993 APR 27 AM 7:41
CLERK OF THE HOUSE
U.S. HOUSE OF REPRESENTATIVES
INSIDE MAIL
9
MC
(Office Use Only)

E. Douglas Applegate
(Full Name)

2183 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: 202-225-6265

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: Ohio District: 18th | [ ] Officer or Employee | Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file, this report may be subject to civil and criminal sanctions (*See* 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: E. Douglas Applegate

DATE (Month, Day, Year): 4/26/93

Reporting Individual's Name
Douglas Applegate

## SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | U.S. House of Representatives | Salary | Exempt |
| | Ohio Public Employees Retirement System | Pension | 4213.00 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Douglas Applegate

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| N/A | | | | |

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Schedule II

Reporting Individual's Name: Douglas Applegate

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| S, DC, JT Examples: S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Bank of New York - IMIT Fund | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Worthington Industries common stk | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Bob Evans, Inc. - common stock | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | Alliance Tax Exempt Acct | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | | |
| | Canonial Tax Exempt Mny Mkt | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Lucas Co. Ohio Municipal Bond | X | | | | | | | | | | | | X | | | | | | | | | X | | | | | | X |

For additional assets and unearned income, use next page



Schedule III

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Dousin Applegate

| S, SP, JT | BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.) | BLOCK B Valuation of Asset: Year End Value (X) A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Ohio State Highway Municipal Bond | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | |
| | Puerto Rico Commonwealth Muni. Bond | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | |
| | Columbus, Ohio Parks Municipal Bond | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | X |
| | Cleveland, Ohio School Dist. Muni. Bond | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | X |
| | Cincinnati University Gen. Oblig. Bond | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | X |
| | Wright Patman Cong. Fed. Credit Union | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | The Ohio Co. - Steubenville, Oh. - IRA | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| S | The Ohio Co. - Steubenville, Oh. - IRA | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | World Sav. Bank - Steubenville, Oh. - IRA | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | World Sav. Bank, Steubenville, Oh. IRA | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| S | World Sav. Bank, Steubenville, Oh IRA | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| S | World Sav. Bank Steubenville, Oh IRA | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Bank One Steubenville, Oh IRA | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| S | Bank One - Steubenville, Oh. - IRA | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
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Schedule III – Continuation

Reporting Individual's Name: Douglas Applegate

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Lucas Co. Ohio Municipal Bond (matured) | | X | | 08-20-92 | | | X | | | | |
| | Columbus, Ohio Parks Municipal Bond | X | | | 09-02-92 | | X | | | | | |
| | Cleveland, Ohio City School Dist. Municipal Bond | X | | | 09-02-92 | | X | | | | | |
| | Cincinnati University Gen. Obligation Bond | X | | | 10-15-92 | | X | | | | | |
| | Bob Evans, Inc. Common Stock (purchased with accumulated dividends) | X | | | 07-07-92 | X | | | | | | |

Reporting Individual's Name: Douglas Applegate

## SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | N/A | | | | | | | | |
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## SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| N/A | | |
| | | |
| | | |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name

Douglas Applegate

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | N/A | | | | | | |

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Reporting Individual's Name: Douglas Applegate

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| N/A | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 25.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| N/A | | |
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GPO: 1988 88-636A (pc)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 14 PM 3 52
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC (10)

HAND DELIVERED

(Office Use Only)

William R. Archer, Jr.
(Full Name)

1236 Longworth House Office Building
(Mailing Address)

202-225-2571
Daytime Telephone

Washington, D.C. 20515-4307

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Texas District: 7th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U.S.C. app. 6, § 101 et seq.) The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| | 5-13-93 |

Reporting Individual's Name

William R. Archer, Jr.

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' Filing package. See instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| American Institute of Architects | Speech | 1-22-92 | $2,000. |
| National Assn. of Manufacturers | Speech | 1-29-92 | 1,000. |
| U.S. Chamber of Commerce | Speech | 2-20-92 | 500. |
| Computer Leasing & Remarketing Assn. | Speech | 2-25-92 | 1,000. |
| American Gas Assn. | Speech | 3-12-92 | 500. |
| Computer & Communications Industry Assn. | Speech | 5-20-92 | 1,000. |
| Intrnl. Assn. for Financial Planning | Speech | 5-19-92 | 500. |
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Reporting Individual's Name: William R. Archer, Jr.

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 162 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| | GE - Bonds | | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | X |
| | Cong. Fed. Credit Union | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| JT | Crestar Bank - CD | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | |
| S | Crestar Bank | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | |
| S | Charles Schwab & Co. - IRA | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | U.S. Life - Stock | | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William R. Archer, Jr.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | Halliburton - Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Gulf State Utilities - Stock | | | X | | | | | | | | X | | | | | | | x | | | | | | | | | | |
| | Texfi 4-3/4 due '96 - Bonds | | | X | | | | | | | | | | X | X | | | | x | | | | | | | | | | X |
| | Valdez, Alaska 5.5 due '07-Bonds | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Amerada Hess - Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| JT | Townhouse - Houston, TX | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | |
| | Archer Associates-Family ** Partnership | | | | | | | X | | | | | | X | X | | | | | | | | | X | | | | | |
| | San Juan, NM- Mineral Royalty Interest | | | X | | | | | | | | | | | | | | Royalty | | | | | X | | | | | | |
| | Merrill Lynch CMA Acct. #1 | | | | | | | X | | | | X | | | | | | | | | | | | X | | | | | |
| JT | Merrill Lynch CMA Acct. #2 | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Real Estate Partnership-Houston Westwood Shopping Ctr. 1.5% Int. | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Real Estate Partnership-Houston Meadowlake Estates 6.25% Int. | | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | |
| | Real Estate Partnership-Houston Howard Chen 2.5% Int. | | | | X | | | | | | | | | | X | | | | X | | | | | | | | | | |
| JT | Bank United (formerly San Jacinto Savings) - IRA | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | |
| | F&M Natl. Bk. of Stanley - CD | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | X |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William R. Archer, Jr.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | Federal Capital Bank - CD | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | X |
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**Addendum to Part III - 1992 Financial Disclosure of William R. Archer, Jr.**

**** Archer Associates - Family Partnership**

**Breakdown of Holdings (with category of value to William R. Archer, Jr.)**

| Holding | Category of Value |
|---|---|
| Bank One - Greenway - Acct. | C |
| Crestar Bank - Acct. | C |
| First City Houston Bank - CD | C |
| Continental of America Bank - CD | C |
| S. Pac. Thrift & Loan - CD | C |
| Bank United - CD | C |
| F&M National of Stanley Bank - CD | C |
| First Heights Bank - CD | C |
| Note Receivable - G. Bryant | B |
| NY City Bonds | B |
| Russ-Jackson Real Estate Partnership-Houston | B |
| Houston, TX W&S Bonds | C |
| Meadowlake Real Estate Partnership-Houston | B |
| Williams Farms, East Texas | B |
| U.S.M., Inc. | C |
| US EE Bonds | B |
| USAA - Investment Trust | C |

Reporting Individual's Name

William R. Archer, Jr.

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Texfi Bonds | | X | | 3-10-92 | X | | | | | | |
| | GE Bonds | | X | | 5-1-92 | X | | | | | | |

Reporting Individual's Name
William R. Archer, Jr.

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Director | Houston Chapter, Amer. Soc. for the Prevention of Cruelty to Animals |
| Partner | Archer Associates Partnership (See Schedule III) |
| | |
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| | |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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| | | |
| | | |
| | | |

GPO: 1983 66-834A (pa)

BILL ARCHER
7TH DISTRICT, TEXAS

RANKING MINORITY MEMBER
WAYS AND MEANS COMMITTEE

JOINT COMMITTEE ON TAXATION

Congress of the United States
House of Representatives

WASHINGTON OFFICE
1236 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4307
(202) 225-2571
FAX (202) 225-4381

DISTRICT OFFICE
1003 WEST ROAD, SUITE 311
HOUSTON, TX 77055-6832
(713) 467-7483
FAX (713) 461-6280

May 13, 1993

RECEIVED
OFFICE OF REPORTS
1993 MAY 14 PM 3 52
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Honorable Donnald K. Anderson
Clerk of the House
H-105, The Capitol
Washington, D.C. 20515

Dear Mr. Anderson:

I would appreciate your assistance in making the enclosed copy of my voluntary December 31, 1992 Financial Statement part of my permanent record along with the enclosed Financial Disclosure Statement for 1992, which is required by law.

Thank you very much, and with best wishes

Sincerely,

Bill Archer
Member of Congress

FINANCIAL STATEMENT
WILLIAM R. ARCHER, JR.
DECEMBER 31, 1992

ASSETS

| | | |
|---|---|---|
| Cash (Cong. Credit Union Acct.) | | 6,954.00 |
| Cash (Crestar Bank) | | 21,295.00 |
| Merrill Lynch Cash Management Acct. | | 257,038.00 |
| Merrill Lynch Cash Management Acct. | | 41,285.00 |
| Federal Capital Bank Certificate of Deposit | | 98,600.00 |
| I.R.A. (Bank United) | | 102,760.00 |
| Life Insurance Cash Value | | 8,900.00 |
| Federal Government Retirement Fund | | 88,144.00 |
| FERS Thrift Savings | | 37,000.00 |
| Stocks and Bonds (Market Value 12-31-92) | | |
| 779 shares U.S. Life @ 36.25 | | 28,239.00 |
| 300 shares Halliburton @ 28.75 | | 8,625.00 |
| 254 shares Gulf States Utilities @ 16.25 | | 4,128.00 |
| 4 $5,000 Valdez, Alaska Bonds @ 4925.00 | | 19,700.00 |
| 109.5 shares Amerada Hess @ 46.00 | | 5,037.00 |
| GE Bonds | | 36,000.00 |
| 26.1% Interest in Archer Associates, A Partnership | | 360,351.00 |
| Real Estate: | | 935,740.00 |
| Investment Equities - Houston Real Estate (at cost less depreciation) | 36,913.00 | |
| Townhouse, Houston, TX (at cost w/spouse) | 127,731.00 | |
| House & Lot, Arlington, VA (at cost & improvements w/ spouse) | 459,368.00 | |
| House & Acreage - Page County, VA (at cost) | 311,728.00 | |
| Mineral Royalty Interest, San Juan, New Mexico (at cost) | | 2,000.00 |
| 1990 Ford Taurus | | 6,000.00 |
| Coin Collection (at cost) | | 16,326.00 |
| 1987 Dodge Truck | | 5,000.00 |
| 1987 Taurus Station Wagon (spouse) | | 3,500.00 |
| TOTAL ASSETS | | 2,092,622.00 |

LIABILITIES:

00.00

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 14 AM 9 16

MC (6)

**HAND DELIVERED**
(Office Use Only)

Richard K. Armey
(Full Name)

4100 Morris Road #1027
(Mailing Address)

Flower Mound, Texas 75028

Daytime Telephone: 202/225-7772

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Texas District: 26 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Dick Armey

**DATE (Month, Day, Year)** May 13, 1993

Reporting Individual's Name
RICHARD K. ARMEY

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | National Review | Speech | April 21, 1992 | $ 2,000 |
| | Associated Equipment Distributors Political Education Fund | Speech | May 26, 1992 | $ 1,000 |
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Reporting Individual's Name
RICHARD K. ARMEY

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 162 Main Street, Dover, Delaware | | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| | TIAA - Teachers Retirement | | N/A | | | | | | | | | | | | | | | Pension | | | | X | | | | | | | |
| S | Partner in Matchmaker's Boutique | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | (clothing business), includes | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | lease, fixtures and inventory | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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For additional assets and unearned income, use next page

Reporting Individual's Name
RICHARD K. ARMEY

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | First Interstate Bank, Bedford, Texas | Personal loan | X | | | | | | |
| | Denton Area Teachers Credit Union, Denton, Texas | Personal loan | X | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name

RICHARD K. ARMEY

## SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| Source | | Date(s) | Point of Departure – Destination(s) – Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C. – Chicago – Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C. – Los Angeles – Cleveland | Y | Y | Spouse | 4 Days |
| Council for National Policy (speech) | | Feb.6-10 | Wash.DC-Ft.Lauderdale-Dallas-Wash.DC-Ft.Lauderdale RT | N | N | Spouse | N |
| National Review (panelist) | | Mar. 26-27 | Wash., DC-New York RT | Y | N | None | N |
| National Review (panelist) | | Sept. 3-4 | Wash., DC-Oxford, MS RT | Y | Y | None | N |
| Manhattan Institute (speech) | | Dec. 1 | Wash., DC-New York RT | N | N | None | N |
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| Reporting Individual's Name |
| --- |
| RICHARD K. ARMEY |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
| Chairman | Institute for Policy Innovation |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
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GPO: 1992 [illegible]

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 PM 2:28

(16)

HAND DELIVERED

MC (Office Use Only)

James Leonard Bacchus
(Full Name)

11230 Overhill Drive Merritt Island, FL 32952
(Mailing Address)

Daytime Telephone: 305-225-3171

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives — State: FL District: 15 | [ ] Officer or Employee | Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| James Leonard Bacchus | May 13, 1993 |

Reporting Individual's Name

JLB

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Member Salary Only | | |

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
JLB

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | NONE | | | |

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Reporting Individual's Name

JLB

## PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

| BLOCK A Asset and/or Income Source | | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional. | | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | | Transactio (X) |
| | | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Example: | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| JT | Money Market Account Sun Bank, Orlando, Fl | | | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | IRA/CD Sun Bank, Orlando, Fl | | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | | |
| S | IRA/CD Sun Bank, Orlando, Fl | | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | | |
| JT | Checking Account Sun Bank, Orlando, Fl | | | | | X | | | | | | | | | | | | | | NA | | | | | | | | | | | | | |
| | IRA Passbook Sun Bank, Orlando, Fl | | | | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | |
| S | IRA Passbook Sun Bank, Orlando, Fl | | | | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | |

For additional assets and unearned i...

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JLB

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | | Type of Income (X) | | | | | | Category of Amount of Income (X) | | | | | | | | | |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S | 1/2 ownership of unimproved land approx 1 acre, Bradford County, Fl. Retirement benefit from Attorneys, Sutterfield & Gilbert Attorney at Law (resigned 12-31-90). Payment of $32,848.70 in benefit being paid over 60 months which began in April 1991 in accordance with attorneys agreement. Year end value reported here represents previous period in 1992. | | X | | | | | | | | | | | | | | | NA | | | | | | | | | | |
| | | | | X | | | | | | | | | | | | | | retirement | | | | | X | | | | | |
| | saving account in name of son | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | |

Reporting Individual's Name
JLB

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
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PERSONAL Residence(s) Only

Reporting Individual's Name
JLB

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Residential Mortgages + | | | | | | | | |
| | Personal Multiple Use | | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | NONE | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name
JLB

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| CASE | addressed national higher education conference and higher education legislative issues | July 13 | Melbourne FL - Atlanta - Melbourne | N | N | none | none |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

This page may be copied if more space is required.

Reporting Individual's Name
JLB

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| | |
| | None |
| | |
| | |
| | |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 12-31-93 | Dec. 31, 1990, resignation w/partner from Akerman, Senterfitt & Eidson, attorneys at law, Orlando, Fl. | Payment of $32,848.20 in retirement benefits being paid over 60 months (begin in April 1991 in accordance with partnership agreement). |
| | | |
| | | |
| | | |

GPO: 1992 50-635A (pn)



80

2 511 0403 CA 92.1

# 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return 1992

IRS use only—Do not write or staple in this space

For the year January–December 31, 1992 or other tax year beginning, 1992, ending, 19 — OMB No. 1545-0074

| Your first name and initial | Last name | Your social security number |
|---|---|---|
| JAMES L. | BACCHUS | 261-86-5915 |
| If a joint return, spouse's first name and initial | Last name | Spouse's social security no. |
| REBECCA M. | BACCHUS | 267-25-4799 |

Home address (number and street). If you have a P.O. box, see page 10. — Apt. no. 207

4230 OVERHILL DRIVE

City, town or post office, state, and ZIP code. If you have a foreign address, see page 10.

MERRITT ISLAND, FLORIDA 32952

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

**Presidential Election Campaign**

Do you want $1 to go to this fund? X Yes No

If joint return, does your spouse want $1 to go to this fund? X Yes No

Note: *Checking "Yes" will not change your tax or reduce your refund.*

**Filing Status** (See page 10.) Check only one box.

1 Single

2 [X] Married filing joint return (even if only one had income)

3 Married filing separate return. Enter spouse's social security number above and full name here. ▶

4 Head of household (with qualifying person). (See page 11.) If the qualifying person is a child but not your dependent, enter this child's name here ▶

5 Qualifying widow(er) with dependent child (year spouse died ▶ 19 ). (See page 11.)

**Exemptions** (See page 11.)

6a [X] Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2

b [X] Spouse

No. of boxes checked on 6a and 6b: 2

**c Dependents**

| (1) Name (first, initial, and last name) | (2) Check if under age 1 | (3) If age 1 or older, dependent's social security number | (4) Dependent's relationship to you | (5) No. of months lived in your home in 1992 |
|---|---|---|---|---|
| JOSEPH BACCHUS | | 593-64-8783 | SON | 12 |
| JAMEY BACCHUS | | 591-13-3492 | DAUGHTER | 12 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If more than six dependents see page 12

No. of your children on 6c who: ● lived with you: 2

● didn't live with you due to divorce or separation (see page 13):

No. of other dependents on 6c:

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ [ ]

Add numbers entered on lines above ▶ 4

e Total number of exemptions claimed

**Income**

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see page 9.

Attach check or money order on top of any Forms W-2, W-2G, or 1099-R.

| | | | |
|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 122,033. |
| 8a | Taxable interest income. Attach Schedule B if over $400 | 8a | 2,878. |
| b | Tax-exempt interest income (see pg. 15). DO NT include on line 8a [8b] | | |
| 9 | Dividend income. Attach Schedule B if over $400 | 9 | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes from worksheet on page 16 | 10 | |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 | Capital gain or (loss). Attach Schedule D | 13 | |
| 14 | Capital gain distributions not reported on line 13 (see page 15) | 14 | |
| 15 | Other gains or (losses). Attach Form 4797 | 15 | |
| 16a | Total IRA distributions [16a] b Taxable amount | 16b | |
| 17a | Total pensions and annuities [17a 6,570.] b Taxable amount | 17b | 6,570. |
| 18 | Rents, royalties, partnerships, estates, trusts, etc. Attach Schedule E | 18 | |
| 19 | Farm income or (loss). Attach Schedule F | 19 | |
| 20 | Unemployment compensation (see page 17) | 20 | |
| 21a | Social security benefits [21a] b Taxable amount | 21b | |
| 22 | Other income. List type and amount | 22 | |
| 23 | Add the amounts in the far right column for lines 7 through 22. This is your **total income** ▶ | 23 | 131,481. |

**Adjustments to Income** (See page 18.)

| | | | |
|---|---|---|---|
| 24a | Your IRA deduction from applicable worksheet on page 19 or 20 | 24a | |
| b | Spouse's IRA deduction from applicable worksheet on page 19 or 20 | 24b | |
| 25 | One-half of self-employment tax (see page 20) | 25 | |
| 26 | Self-employed health insurance deduction, from worksheet on pg. 20 | 26 | |
| 27 | Keogh retirement plan and self-employed SEP deduction | 27 | |
| 28 | Penalty on early withdrawal of savings | 28 | |
| 29 | Alimony paid. Recipient's SSN ▶ | 29 | |
| 30 | Add lines 24a through 29 ▶ | 30 | |

**Adjusted Gross Income**

| | | | |
|---|---|---|---|
| 31 | Subtract line 30 from line 23. This is your **adjusted gross income**. *If this amount is less than $22,370 and a child lived with you, see page EIC-1 to find out if you can claim the "Earned Income Credit" on line 56* ▶ | 31 | 131,481. |

N788

Form **1040** (1992)

JAMES L. & REBECCA M. BACCHUS 261-86-5915

Form 1040 (1992) Page 2

| | | | |
|---|---|---|---|
| Tax Computation (See page 22) | 32 Amount from line 31 (adjusted gross income) | 32 | 131,481. |
| | 33a Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a | | |
| | b If your parent (or someone else) can claim you as a dependent, check here ▶ 33b | | |
| | c If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 22 and check here ▶ 33c | | |
| | 34 Enter the larger of your: Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But if you checked any box on line 33a or b, go to page 22 to find your standard deduction. If you checked box 33c, your standard deduction is zero. ● Single — $3,600 ● Head of household — $5,250 ● Married filing separately — $3,000 ● Married filing jointly or Qualifying widow(er) — $6,000 | 34 | 24,806. |
| | 35 Subtract line 34 from line 32 | 35 | 106,675. |
| | 36 If line 32 is $78,950 or less, multiply $2,300 by the total number of exemptions claimed on line 6e. If line 32 is over $78,950, see the worksheet on page 23 for the amount to enter | 36 | 9,200. |
| | 37 Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0- | 37 | 97,475. |
| If you want the IRS to figure your tax, see page 23 | 38 Enter tax. Check if from a [X] Tax Table, b ☐ Tax Rate Schedules, c ☐ Schedule D, or d ☐ Form 8615 (see page 23). Amount, if any, from Form(s) 8814 ▶ e | 38 | 22,968. |
| | 39 Additional taxes (see page 23). Check if from a ☐ Form 4970 b ☐ Form 4972 | 39 | |
| | 40 Add lines 38 and 39 ▶ | 40 | 22,968. |
| Credits (See page 23) | 41 Credit for child and dependent care expenses. Attach Form 2441 — 41 | | |
| | 42 Credit for the elderly or the disabled. Attach Schedule R — 42 | | |
| | 43 Foreign tax credit. Attach Form 1116 — 43 | | |
| | 44 Other credits (see pg 24). Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify) — 44 | | |
| | 45 Add lines 41 through 44 | 45 | |
| | 46 Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- ▶ | 46 | 22,968. |
| Other Taxes | 47 Self-employment tax. Attach Schedule SE. Also, see line 25 | 47 | |
| | 48 Alternative minimum tax. Attach Form 6251 | 48 | |
| | 49 Recapture taxes (see page 25). Check if from a ☐ Form 4255 b ☐ Form 8611 c ☐ Form 8828 | 49 | |
| | 50 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 50 | |
| | 51 Tax on qualified retirement plans, including IRAs. Attach Form 5329 | 51 | |
| | 52 Advance earned income credit payments from Form W-2 | 52 | |
| | 53 Add lines 46 through 52. This is your total tax ▶ | 53 | 22,968. |
| Payments Attach Forms W-2, W-2G, and 1099-R to front | 54 Federal income tax withheld. If any is from Form(s) 1099, check ▶ ☐ — 54: 28,009. | | |
| | 55 1992 estimated tax payments and amount applied from 1991 return — 55 | | |
| | 56 Earned income credit. Attach Schedule EIC — 56 | | |
| | 57 Amount paid with Form 4868 (extension request) — 57 | | |
| | 58 Excess social security, Medicare, and RRTA tax withheld (see page 26) — 58 | | |
| | 59 Other payments (see page 26). Check if from a ☐ Form 2439 b ☐ Form 4136 — 59 | | |
| | 60 Add lines 54 through 59. These are your total payments ▶ | 60 | 28,009. |
| Refund or Amount You Owe | 61 If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID ▶ | 61 | 5,041. |
| | 62 Amount of line 61 you want REFUNDED TO YOU ▶ | 62 | 5,041. |
| Attach check or money order on top of Form(s) W-2, etc., on the front | 63 Amount of line 61 you want APPLIED TO YOUR 1993 ESTIMATED TAX ▶ 63 | | |
| | 64 If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1992 Form 1040" on it. | 64 | |
| | 65 Estimated tax penalty (see page 27). Also include on line 64 — 65 | | |

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this return for your records.

| | | | |
|---|---|---|---|
| Your signature ▶ James L. Bacchus | Date 4/8/93 | Your occupation MBR OF CONGRESS | |
| Spouse's signature (if joint return, BOTH must sign) ▶ Rebecca M. Bacchus | Date 4/8/93 | Spouse's occupation ADVERTISING | |
| **Paid Preparer's Use Only** Preparer's signature ▶ Dell Rm | Date 04/03/93 | Check if self-employed ☐ | Preparer's social security no 267-02-1027 |
| Firm's name (or yours if self-employed) and address ▶ SINES, GIRVIN & BLAKESLEE CPA'S P.A. P. O. BOX 771047 WINTER GARDEN, FLORIDA | | E.I. No. 59-1567188 ZIP code 34777-1047 | |

11788

SCHEDULES A&B (Form 1040)
Department of the Treasury Internal Revenue Service

# Schedule A – Itemized Deductions

▶ Attach to Form 1040. ▶ See instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074
1992
Attachment Sequence No. 07

Name(s) shown on Form 1040: JAMES L. & REBECCA M. BACCHUS

Your social security number: 261-86-5915

| | | | | | |
|---|---|---|---|---|---|
| **Medical and Dental Expenses** | | Caution: *Do not include expenses reimbursed or paid by others.* | | | |
| | 1 | Medical and dental expenses. (see page A-1) | 1 | | |
| | 2 | Enter amount from Form 1040, line 32 [2] | | | |
| | 3 | Multiply line 2 above by 7.5% (.075) | 3 | | |
| | 4 | Subtract line 3 from line 1. If zero or less, enter -0- | | ▶ 4 | |
| **Taxes You Paid** (See page A-1.) | 5 | State and local income taxes | 5 | | |
| | 6 | Real estate taxes (see page A-2) | 6 | 1,519. | |
| | 7 | Other taxes. List—include personal property taxes ▶ | 7 | | |
| | 8 | Add lines 5 through 7 | | ▶ 8 | 1,519. |
| **Interest You Paid** (See page A-2.) | 9a | Home mortgage interest and points reported to you on Form 1098 | 9a | 7,398. | |
| | b | Home mortgage interest not reported to you on Form 1098. If paid to an individual, show that person's name and address ▶ | 9b | | |
| **Note:** Personal interest is not deductible. | 10 | Points not reported to you on Form 1098. See page A-3 for special rules | 10 | | |
| | 11 | Investment interest. If required, attach Form 4952. (See page A-3.) | 11 | | |
| | 12 | Add lines 9a through 11 | | ▶ 12 | 7,398. |
| **Gifts to Charity** (See page A-3.) | | Caution: *If you made a charitable contribution and received a benefit in return, see page A-3.* | | | |
| | 13 | Contributions by cash or check | 13 | 3,850. | |
| | 14 | Other than by cash or check. If over $500, you MUST attach Form 8283 | 14 | | |
| | 15 | Carryover from prior year | 15 | | |
| | 16 | Add lines 13 through 15 | | ▶ 16 | 3,850. |
| **Casualty and Theft Losses** | 17 | Casualty or theft loss(es). Attach Form 4684. (See page A-4.) | | ▶ 17 | |
| **Moving Expenses** | 18 | Moving expenses. Attach Form 3903 or 3903F. (See page A-4.) | | ▶ 18 | 8,377. |
| **Job Expenses and Most Other Miscellaneous Deductions** (See page A-5 for expenses to deduct here.) | 19 | Unreimbursed employee expenses - job travel, union dues, job education, etc. If required, you MUST attach Form 2106. (See page A-4.) ▶ From Form 2106 | 19 | 6,454. | |
| | 20 | Other expenses—investment, tax preparation, safe deposit box, etc. List type and amount ▶ Tax Rtn Preparation Fee 625. | 20 | 625. | |
| | 21 | Add lines 19 and 20 | 21 | 7,079. | |
| | 22 | Enter amount from Form 1040, line 32 [22] 131,481. | | | |
| | 23 | Multiply line 22 above by 2% (.02) | 23 | 2,630. | |
| | 24 | Subtract line 23 from line 21. If zero or less, enter -0- | | ▶ 24 | 4,449. |
| **Other Miscellaneous Deductions** | 25 | Other—from list on page A-5. List type and amount ▶ | | ▶ 25 | |
| **Total Itemized Deductions** | 26 | Is the amount on Form 1040, line 32, more than $105,250 (more than $52,625 if married filing separately)? ● NO. Your deduction is not limited. Add lines 4, 8, 12, 16, 17, 18, 24, and 25. ● YES. Your deduction may be limited. See page A-5 for the amount to enter. Caution: *Be sure to enter on Form 1040, line 34, the* LARGER *of the amount on line 26 above or your standard deduction.* | | ▶ 26 | 24,806. Limited by AGI |

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 1992

921820 11/06/92

Schedules A&B (Form 1040) 1992 — OMB No 1545-0074 — Page 2

Name(s) shown on Form 1040. Do not enter name and social security number if shown on Page 1.
JAMES L. & REBECCA M. BACCHUS

Your social security number: 261-86-5915

## Schedule B–Interest and Dividend Income

Attachment Sequence No. 08

**Part I Interest Income**

**If you had over $400 in taxable interest income OR you are claiming the exclusion of interest from series EE U.S. savings bonds issued after 1989, you must complete this part. List ALL interest you received. If you had over $400 in taxable interest income, you must also complete Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page B–1.**

(See pages 14 and B-1.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

| Interest Income | | Amount |
|---|---|---|
| 1 List name of payer – if any interest income is from seller-financed mortgages, see page B-1 and list this interest first ▶ | | |
| (T) STATE FARM | 1 | 38. |
| (T) SUN BANK | 1 | 2,840. |
| 2 Add the amounts on line 1 | 2 | 2,878. |
| 3 Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040 | 3 | |
| 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶ | 4 | 2,878. |

**Part II Dividend Income**

**If you had over $400 in gross dividends and/or other distributions on stock, you must complete this part and Part III. If you received, as a nominee, dividends that actually belong to another person, see page B–1.**

(See pages 15 and B-1.)

Note: If you received a Form 1099-DIV, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

| Dividend Income | | Amount |
|---|---|---|
| 5 List name of payer–include on this line capital gain distributions, nontaxable distributions, etc. ▶ | 5 | |
| 6 Add the amounts on line 5 | 6 | |
| 7 Capital gain distributions. Enter here and on Schedule D* | 7 | |
| 8 Nontaxable distributions. (See the instructions for Form 1040, line 9.) | 8 | |
| 9 Add lines 7 and 8 | 9 | |
| 10 Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶ | 10 | |

*If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the instructions for Form 1040 lines 13 and 14.*

**Part III Foreign Accounts and Foreign Trusts**

**If you had over $400 of interest or dividends, OR had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must complete this part.**

| | | Yes | No |
|---|---|---|---|
| 11a | At any time during 1992, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1 | | X |
| b | If "Yes," enter the name of the foreign country ▶ | | |
| 12 | Were you the grantor of, or transferor to, a foreign trust that existed during 1992, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926 | | X |

(See page B-2.)

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule B (Form 1040) 1992

H788

9216J0 11/05/92

STATEMENT OF FINANCIAL CONDITION AS OF MAY 1993

PERSONAL FINANCIAL STATEMENT

Name: Jim Bacchus
Residence: 4230 Overhill Drive
Merritt Island, Florida 32952
Position: Member of Congress

Name: Rebecca Bacchus
Residence: 4230 Overhill Drive
Merritt Island, Florida 32952

| Assets | In Dollars |
|---|---|
| Cash on hand and in banks - List on Sched. E | 128,988.67 |
| Securities and stocks - List on Sched. A | 0.00 |
| Real Estate Owned - List on Sched. C | 182,000.00 |
| Automobiles - List on Sched. G | 18,500.00 |
| Cash value - life insurance - list on Sched. D | 798.00 |
| Other assets - (Furniture, Personal) | 40,000.00 |
| US House of Rep. retirement fund | 3,870.48 |
| Thrift Savings Plan for Fed Employees | 20,242.32 |
| Retirement/ASE* | 19,151.36 |
| Income tax refund due | 5,041.00 |
| TOTAL ASSETS | 418,591.83 |

| Liabilities | In Dollars |
|---|---|
| Notes payable to Financial Institutions - List on Sched. F | 0.00 |
| Accounts and bills due - Sched. B | 0.00 |
| Real estate mortgages payable - List on Sched. C | 139,639.19 |
| Automobiles - List on Sched. G | 14,068.84 |
| TOTAL LIABILITIES | 153,708.03 |
| NET WORTH | 264,883.80 |

*Resigned from firm effective 12-31-90. Retirement income being paid in accordance with partnership agreement.

## SCHEDULE A - SECURITIES AND STOCKS

NONE

## SCHEDULE B - ACCOUNTS AND BILLS DUE

| | |
|---|---|
| Miscellaneous credit card and other bills | 0.00 |

## SCHEDULE C - REAL ESTATE OWNED

| Address and Type of Property | Mortgagor | % of Ownership | Date Acquired | Cost |
|---|---|---|---|---|
| Home: Merritt Island | Suntrust | 100 | 11-92 | 175,000 |
| Unimproved real estate in Bradford County | None | 50 (undivided) | 1960's | Gift |

| | Market Value | Mortgage Balance | Monthly Payment |
|---|---|---|---|
| Home: Merritt Island | 180,000 | 139,639.19 | 1,313.99 |
| Bradford real estate | 2,000 | None | None |

## SCHEDULE D - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

| Name of Ins. Co. | Owner of Policy | Beneficiary | Face Amount | Policy Loans | Cash Surr. Value |
|---|---|---|---|---|---|
| Delaware Amer. | James | Rebecca | 100,000 | 0.00 | 0.00 |
| Delaware Amer. | Rebecca | James | 100,000 | 0.00 | 0.00 |
| Fed. Employees Group Life Ins. | James | Rebecca | 431,200 | 0.00 | 0.00 |
| State Farm | James/ Rebecca | Rebecca/ James | 100,000 | 0.00 | 798.00 |

## SCHEDULE E - CASH ON HAND AND IN BANKS

| Name of Institution | Type of Ownership | On Deposit |
|---|---|---|
| SunTrust | Joint Money Market | 78,141.63 |
| SunTrust | Joint Checking | 2,360.00 |
| SunTrust | IRAs (CDs) (James/ Rebecca) | 5,844.90 |
| SunTrust | Savings | 245.11 |
| SunTrust | Passbook IRAs (James/ Rebecca) | 42,397.03 |
| CASH ON HAND | | 128,988.67 |

## SCHEDULE F - LOANS DUE TO FINANCIAL INSTITUTIONS

NONE

## SCHEDULE G - AUTOMOBILES

| | | Est. Value | Amt. Owed |
|---|---|---|---|
| 1985 | Chevrolet Cavalier Station Wagon | 2,500 | 0.0 |
| 1992 | Oldsmobile Cutlass | 16,000 | 14,068.84 |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECD
1993 MAY 18 AM 11:22
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

9

MAY 14 1993
MC
(Office Use Only)

Spencer T. Bachus, III
(Full Name)

216 Cannon Building Washington, DC 20515
(Mailing Address)

(202)225-4921
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Alabama District: 6th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes | X | No | | |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes | | No | X | |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes | X | No | | |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes | X | No | | |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes | X | No | | |
| Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes | | No | X | |
| Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes | | No | X | |
| Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes | | No | X | |
| Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes | | No | X | |
| Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | | | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 10) | Yes | | No | X |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11) | Yes | | No | X |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

| | |
|---|---|
| **SIGNATURE OF REPORTING INDIVIDUAL** | **DATE (Month, Day, Year)** 5-14-93 |

Reporting Individual's Name

Bachus, III

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Bachus, Dempsey, Carson & Steed, Birmingham, Alabama | salary | $34,000 |
| | Alabama Republican Party | salary | 8,750 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

Bachus, III

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | | | | |
| | NONE | | | |
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Reporting Individual's Name
Bachus, III

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | | Transaction (X) |
| | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Birmingham Federal | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| Northwestern | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| Cavell Court Partnership | X | | | | | | | | | | | | X | X | | | | | | | | | | X | | | | | X |
| 4821 12th Ave. N Seaton House | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | |
| Colsten Druid Hill Drive | | | X | | | | | | | | | X | | | | | | | | | | | X | | | | | | |
| Williams, North Birmingham | | | X | | | | | | | | | X | | | | | | | | | | | X | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name
Bachus, III

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | 1213 Impala Drive | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 2612 Janice Circle | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 1237 Branchwater Lane | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | |
| | Civic Center Prof. Bldg | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | |

Reporting Individual's Name
Bachus, III

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H Over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Cavell Court Partnerhsip | | X | | 7-10-92 | | | X | | | | |
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Reporting Individual's Name: Bachus, III

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del | | | | X | | | |
| | Molten, Allen & Williams, Birmingham | 2612 Janice Circle | | | X | | | | |
| | Central Bank of the South | 1237 Branchwater Lane | | | | X | | | |
| | Secor Bank, Federal Savings Bank, B'ham | Impala Drive | | X | | | | | |
| | Lomes Mtge, USA | David Hills Drive | X | | | | | | |
| | 1st Alabama Bank | Civic Center Prof. Bldg. | | | X | | | | |
| | 1st Alabama Bank | 90-day note | | x | | | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | N/A | |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name
Bachus, III

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 8-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | | | N/A | | | | |
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| Reporting Individual's Name |
|---|
| Bachus, III |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | N/A | |
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GPO: 1982 99-636A (ps)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 JUN 11 PM 2:10
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U.S. HOUSE OF REPRESENTATIVES
9
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MC
(Office Use Only)

Henry Scott Baesler
(Full Name)

5722 Athens Boonesboro Road, Lexington, KY 40509 (202)225-4706
(Mailing Address) Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: KY District: 6 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11 ) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Henry Scott Baesler

**DATE (Month, Day, Year)** 6 11 93

Reporting Individual's Name
Henry Scott Baesler

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Lexington-Fayette Urban County Government | Salary | 73,000 |
| | Tobacco Proceeds - Net | Proceeds from Tobacco | 25,000 |
| | Salary-Managing B-W Farm | Spouse | NA |
| | Farm Income (sale of crops & livestock) | Spouse | NA |
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For payments to charity in lieu of honoraria, use Schedule II

**Reporting Individual's Name**
Henry Scott Baesler

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | | None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |
| | | Cash-Bank Accounts-Central Bank & Trust Co., Vine Street, | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Lexington, KY | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | | Cash-Bank Accounts-Bank One, Main Street, Lexington, KY | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | | Household & Farm Property & livestock, Athens Boonesboro Rd., | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Lexington, KY | | | | | | X | | | | | | | | X | | | sale of livestock | | | | X | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Henry Scott Baesler

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | Sales Contract - Robert Woods, Lexington, KY | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Note Receivable - John & Pauline Summerset, Lexington, KY | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Sales Contract-Steve & Joyce Miller, Lexington, KY | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Sale Contract-Cellular One | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Stock-Youth Development, Inc. | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | House-Lot-5722 Athens Boonesboro | | | | | | X | | | | | | | | | | | | X | | | | | | | | | | |
| | Farm-2 Houses - Athens Boonesboro - 50 acres | | | | | | | X | | | | X | | | | | | | | | | | | X | | | | | |
| | House-20 Acres-Athens Boonesboro Rd., Lexington, KY Cane | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Brake | | | | | | X | | | | | | | | | | | | X | | | | | | | | | | |
| | House-3561 King Arthur Drive, Lexington, KY | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| | Condo-409 A-Gulf & Bay Condo 3790 Midnight Pass Road Sarasota, Florida 34242 | | | | | | X | | | | | X | | | | | | | | | | | X | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Henry Scott Baesler

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | Commercial Lots (2)-Athens Boonesboro | | | | | | X | | | | | | | | | | | | X | | | | | | | | | | |
| | 295 Acre Development-10 Acre Building Lots-Athens Boonesboro Rd., Lexington, KY 40509 | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | |



Schedule III—Continuation

Reporting Individual's Name: Henry Scott Baesler

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Central Bank-Lexington, KY | Mortgage on house-Lot-5722 Athens Boonesboro-Farm-20 | | | | | | | |
| | | Acre Lot | | | | | | X | |
| | Mary Margaret Terrell, Lexington, KY | Mortgage on 295 Acre Development | | | | | X | | |
| | Robert Woods, Lexington, KY | Note-Development Cane Brake | | | | | X | | |
| | First Security National Bank, Lexington, KY | Mortgage-Commercial Lots on Athens Boonesboro Road | | | | X | | | |
| | | | | | | | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONAPPLICABLE | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name
Henry Scott Baesler

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Partner | Farm Operation-BW Partnership (see scheduleI) |
| Mayor | Lexington-Fayette Urban County Government term ended in 1992 |
| | |
| | |
| | |
| | |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
| | | |
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| | | |

GPO: 1992 56-535A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 17 PM 2:56

U.S. HOUSE OF REPRESENTATIVES

(10)

HAND DELIVERED

mc

(Office Use Only)

William P. Baker
(Full Name)

7 Way Points Road
(Mailing Address)

Danville, CA 94526

Daytime Telephone: (202) 225-1880

| | | | |
|---|---|---|---|
| **Filer Status** | [XX] Member of the U.S. House of Representatives — State: California District: 10 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [XX] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [XX] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | N/A No [ ] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [XX] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | N/A No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [XX] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [XX] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | N/A No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [XX] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [XX] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [XX] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [XX] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (*See* 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** William P. Baker

**DATE (Month, Day, Year)** May 17, 1993

| Reporting Individual's Name |
|---|
| William P. Baker |

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | California State Assembly | Salary | 49,181 |
| | | | |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name: William P. Baker

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | AL Labs Inc | | | | | | | X | | | | | X | | | | | | | | | X | | | | | | | | |
| JT | Air & Water Technologies Corp | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Alaska Air Group | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| JT | Allen Group Inc. | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | |
| JT | Allied Signal Inc. | | X | | | | | | | | | | X | | | X | | | | | | | | | X | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page



Schedule III

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William P. Baker

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| JT | American Building Maintenance | X | | | | | | | | | | X | | | X | | | | | | | | | X | | | | | |
| JT | American Cap Harbor | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | |
| JT | Archer Daniels Midland | | | | X | | | | | | | X | | | X | | | | | | | X | | | | | | | |
| JT | American Electric | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | |
| JT | Attwoods Plc Adr | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| JT | Blockbuster Entertainment Corp | X | | | | | | | | | | X | | | X | | | | | | | | | X | | | | | |
| JT | Boston Edison | | | X | | | | | | | | X | | | X | | | | | | | X | | | | | | | |
| JT | California State N/C Bond | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | |
| JT | Cal. State Var Purp G/O Bond | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| JT | California Tax Exempt Money Fnd | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| JT | Carter Hawley Hale Stores | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Cedar Fair LP | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| JT | Centerior Energy Corp | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| JT | Central Maine Power Co. | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William P. Baker

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | |
| JT | Compaq Computer Corp | | | | | X | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Continental Homes Holding Corp | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | Costco Wholesale Corp | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Countrywide Mortgage Invt Corp | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | Cypress Minerals Co. | | | X | | | | | | | | X | | | X | | | | | | | X | | | | | | |
| JT | EZ Corp Inc. | | | | | X | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Federal Express Corp. | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | |
| JT | 1st Union Real Estate EQ & Mort | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | Food Lion Inc | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | GATX Corp | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | GAP Inc | | | | | X | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | General Mills Inc | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | General Motors Corp | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | Grass VY, CA, Hospital Rev RFDG | | | | | X | | | | | | | | X | | | | | | X | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William P. Baker

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| JT | Helene Curtis Ind | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | I P Timberlands Ltd | | | | | X | | | | | | X | | | | | | | | | | | | X | | | | | |
| JT | KV Pharmaceutical | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Kaufman & Broad Home Corp | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| JT | Knowledgeware Inc | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | LA Gear Inc | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Liberty All Star Equity Fund | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | |
| JT | Liposome Technology Inc | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Long Island Lighting | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | |
| JT | LA, CA, Dept Water & Power Bond | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | |
| JT | Louisiana Pacific Corp | | | | X | | | | | | | X | | | X | | | | | | | | | | X | | | | |
| JT | Mauna Loa Partners LP | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Mediq Inc | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| JT | Merced, CA, Irrigation Dist Bnd | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Schedule III – Continuation

Reporting Individual's Name: William P. Baker

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| JT | Merck & Co | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Methanex Corp | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Mylan Labs Inc | | | | X | | | | | | | X | | | X | | | | | | | | | X | | | | | |
| JT | New Jersey Turnpike Auth | X | | | | | | | | | | | | X | X | | | | | | | | | X | | | | | |
| JT | New York State Dorm Syracuse | X | | | | | | | | | | | | X | X | | | | | | | | | X | | | | | |
| JT | New York Times Co | X | | | | | | | | | | X | | | X | | | | | | | | X | | | | | | |
| JT | Oakland CA Redevelopment Agency | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| JT | Oracle | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| JT | Pennsylvania Power & Light Co | | | | | | X | | | | | X | | | | | | | | | | | | X | | | | | |
| JT | Philadelphia PA, Municipal | X | | | | | | | | | | | | X | X | | | | | | | | X | | | | | | |
| JT | Plaza Home Mortgage Corp | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Public Service Co of New Hamp. | X | | | | | | | | | | | | X | X | | | | | | | X | | | | | | | |
| JT | Presley Del | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Resource Mortgage Capital Inc | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William P. Baker

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| JT | Russelville ALA Indl | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| JT | Sacramento CA Community Cntr Bd | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| JT | Salt River Project AZ Agri Imp | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| JT | Schering-Plough Corp | | | | X | | | | | | | X | | | X | | | | | | | | X | | | | | |
| JT | Standard Pacific Corp | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Stockton CA East Water District | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| JT | Student Loan Marketing Assn | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Sullivan IN PCR Rev | X | | | | | | | | | | | | X | X | | | | | | | | X | | | | | |
| JT | Teledyne Inc | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | Texas Instruments | | | | | X | | | | | | X | | | X | | | | | | | X | | | | | | |
| JT | Toppa Company, Inc | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | Tyco Toys Inc | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | UDC Homes Inc | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Unilever | X | | | | | | | | | | | | | X | | | | | | | X | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William P. Baker

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| JT | United Dominion Realty TRIW | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| JT | Universal MB | X | | | | | | | | | | | | | X | | | | | | | | X | | | | | | |
| JT | USF&G | | | | | | X | | | | | X | | | X | | | | | | | | | X | | | | | |
| JT | Venture Stores | | | X | | | | | | | | X | | | X | | | | | | | | | X | | | | | |
| JT | Webb Del Corp | | | | X | | | | | | | X | | | X | | | | | | | | | X | | | | | |
| JT | Yuba City CA Bond | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Sterling Cleaners | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | |
| | Shearson Lehman Brothers IRA American Express Daily | | | | X | | | | | | | X** | | | | | | | | | X | | | | | | | | |
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| Reporting Individual's Name |
|---|
| William P. Baker |

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | Kidder, Peabody - Subsidiary of GE Fin Ser | Stock Margins | | | | | X | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 PM 5:04

Richard Hugh Baker
(Full Name)

434 Cannon House Office Building — 202-225-3901
(Mailing Address) — Daytime Telephone

Washington, D. C. 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Louisiana District: 6th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

(8)

HAND DELIVERED

MC

(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Richard H. Baker — **DATE (Month, Day, Year)** 5/12/93

Reporting Individual's Name

Richard Hugh Baker

## SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | K's Louisiana Market | Spouse Salary | NA |
| | 1884 Shoppe | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

Richard Hugh Baker

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | American Bankers Association | Speech | March 2, 1992 | $1500.00 |
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Schedule II

Reporting Individual's Name

Richard Hugh Baker

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| | LPB Minerals | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Glacier Technology | | | | | X | | | | | | | | | | | | | X | | | | | | | | | |
| | Scenic Investments East Baton Rouge Parish Real Estate | | | | X | | | | | | | | | | | | | | X | | | | | | | | | |
| | 1884 Shoppe (Baton Rouge, LA) | | | | | X | | | | | | | | | X | | | See Sch.1 | | | | | | | | | | X Sch.IV |
| | K's Louisiana Market (Baton Rouge, LA) | | | | | X | | | | | | | | | | | | See Sch.1 | | | | | | | | | | |
| | Baker Agency, Inc. | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name

Richard Hugh Baker

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | 1884 Shoppe | | X | | 10/20/92 | X | | | | | | |

Schedule IV

Reporting Individual's Name

Richard Hugh Baker

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St Dover, Del. | | | | X | | | |
| | Hancock Bank, Baton Rouge, Louisiana | Commerical Loan | | | X | | | | |
| | City National Bank, Baton Rouge, Louisiana | Commerical Loan | | | X | | | | |
| | Gauranty Bank, Baton Rouge, Louisiana | Commerical Loan | | X | | | | | |
| | | | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| American Bankers Asso. | Travel & Travel Related Expenses | $1823.43 |
| | | |
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| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

Richard Hugh Baker

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | American Bankers Association | Feb.14-16'92 | - Ft. Lauderdale - Baton Rouge - Baton Rouge | Y | Y | Spouse | NONE |
| | | | | | | | |
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Reporting Individual's Name

Richard Hugh Baker

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Partner | LPB Minerals (uncompensated) |
| Partner | Scenic Investments (uncompensated) |
| Officer | Baker Agency, Inc. (uncompensated) |
| | |
| | |
| | |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| NONE | | |
| | | |
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GPO: 1983 86-836A (pb)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 13 PM 1:26

(26)

**HAND DELIVERED**

MC
(Office Use Only)

Thomas Cass Ballenger
(Full Name)

867 20th Avenue Drive, NW
(Mailing Address) Daytime Telephone

Hickory, NC 28601

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: NC District: 10 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes | X | No | | |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes | X | No | | |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes | X | No | | |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes | X | No | | |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes | X | No | | |
| Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes | | No | X | |
| Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes | X | No | | |
| Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes | X | No | | |
| Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes | X | No | | |
| Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | | | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes | | No | X |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes | | No | X |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| Thomas Cass Ballenger | 5/13/93 |

Reporting Individual's Name

T. Cass Ballenger

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Plastic Packaging, Inc. - Family Business | Salary Exempt from Rule XLVII | 20,000 |
| | Plastic Packaging, Inc. | Spouse Salary | N/A |
| | Tarheel Packaging | Commission Spouse | N/A |
| | Catawba Memorial Hospital | Director's Fees - Spouse | N/A |
| | N.C. Retirement System | Pension | 3,594 |
| | | | |
| | Equitable Life Assurance | Pension | 2,122 |
| | | | |
| | Anchor National Life | Pension | 2,256 |
| | | | |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

T. Cass Ballenger

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| Textron, Inc. | Speech | May 27, 1992 | 2,000 |
| American Amusement Machine Assoc | Speech | June 8, 1992 | 1,000 |
| | | | |
| American Paper Machinery Assoc. | Speech | Oct. 5, 1992 | 500 |
| Freightliner Corp. | Speech | Nov. 18, 1992 | 2,000 |
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Reporting Individual's Name: T. Cass Ballenger

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| S | Bank of Granite-Bank Accts | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | |
| JT | Bank of Granite-Bank Accts | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | |
| JT | Charles R. Young Sr-Apt Sale Note | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Congress Fed Credit Union-Bk Accts | | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | |
| JT | Nationsbank - Bank Accts | | | | | | X | | | | | | | | X | | | | | | X | | | | | | | | |
| JT | Nationsbank - Bank Accts | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: T. Cass Ballenger

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| T | Nationsbank - Bank Accts | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| S | Raymond James - Brokerage Acct | | | | | | | | | | | * | | X | | | | | | | | | X | | | | | | |
| S | Raymond James - Brokerage Acct | | | | | | | | | | | * | | X | | | | | | | | X | | | | | | | |
| S | Alliance World Income Trust | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | |
| S | J.C. Bradford | | | | | | | | | | | * | | X | | | | | | X | | | | | | | | | |
| | FPA Paramount Fund, Inc. | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | GT Global - Latin American Gr Fd | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| S | GT Global - Latin American Gr Fd | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| S | Heritage Cash Trust | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Heritage Cash Trust | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| S | Heritage Cash Trust | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| S | Phoenix Funds - Capital Apprec | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Plastic Packaging | | | | | | | | | X | | | X | | | | | | | | | | | | | | X | | |
| S | Plastic Packaging | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | |
| | Prudential Money Market | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: T. Cass Ballenger

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| S | Raymond James - Brokerage Acct | | | | | | | | | | * | X | | | | | | | | | | | X | | | | | |
| S | Raymond James - Brokerage Acct | | | | | | | | | | * | X | | | | | | | | | X | | | | | | | |
| T | Raymond James - Brokerage acct | | | | | | | | | | * | X | | | | | | | | | | | X | | | | | |
| S | Heritage Income Trust LTD Part | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Pelican - Perkins Evans | | X | | | | | | | | | | | | | | Royalties | | | X | | | | | | | | |
| JT | (Basement of home Washington Apt 450 New Jersey Ave | | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| | Cady Associates | | X | | | | | | | | | | | | | | Ptrshp | | X | | | | | | | | | |
| S | Oak Plantation | | X | | | | | | | | | | | | | | Ptrshp | | X | | | | | | | | | |
| | Oak Plantation | | X | | | | | | | | | | | | | | Ptrshp | | X | | | | | | | | | |
| | AAI Forest Hills | | X | | | | | | | | | | | | | | Ptrshp | | X | | | | | | | | | |
| | AAI Breckinridge | X | | | | | | | | | | | | | | | Ptrshp | | | | | | X | | | | | X |
| | AAI Four Seasons | | X | | | | | | | | | | | | | | Ptrshp | | X | | | | | | | | | |
| | ARI Brentwood Highlands | | X | | | | | | | | | | | | | | Ptrshp | | X | | | | | | | | | |
| | ARI Freeway Park | X | | | | | | | | | | | | | | | Ptrshp | | X | | | | | | | | | X |
| S | Balmark Realty | X | | | | | | | | | | | | | | | Ptrshp | | X | | | | | | | | | X |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: T. Cass Ballenger

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Year End Value (X) | | | | | | | | | | Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | |
| S, DC, JT | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| | Dyco Petro Co 1982-1 | | X | | | | | | | | | | | | | | | Ptrshp | | X | | | | | | | | | |
| | Dyco Petro Co 1981-2 | | X | | | | | | | | | | | | | | | Ptrshp | | X | | | | | | | | | |
| | Dyco Petro Co 1983-1 | | X | | | | | | | | | | | | | | | Ptrshp | | X | | | | | | | | | |
| | Dyco Petro Co 1984-1 | | X | | | | | | | | | | | | | | | Ptrshp | | X | | | | | | | | | |
| | Prutech Res & Dev | | X | | | | | | | | | | | | | | | Ptrshp | | | X | | | | | | | | |
| S | Cimarron Prairie Ltd | | X | | | | | | | | | | | | | | | Ptrshp | | X | | | | | | | | | |
| | Balmark Realty | X | | | | | | | | | | | | | | | | Ptrshp | | X | | | | | | | | | X |
| | Southern Inns Assoc | | X | | | | | | | | | | | | | | | Ptrshp | | X | | | | | | | | | |
| S | Majco Bldg Specialties | | | | X | | | | | | | | | | | | | Ptrshp | | | | | | X | | | | | |
| S | McNeil Real Est Fund XI Ltd | | X | | | | | | | | | | | | | | | Ptrshp | | X | | | | | | | | | |
| | Hunter Publishing LP | | X | | | | | | | | | | | | | | | Ptrshp | | X | | | | | | | | | |
| S | Waste Mgmt Inc. | | | | | | | | | | A | | | | X | | | | | | X | | | | | | | | |
| S | Ocom Corp | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | X |
| S | Cellular Commctns, Inc. | | | | | | | | | | A | | | | X | | | | | X | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: T. Cass Ballenger

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S | Gillette Co. | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | X |
| S | Cellular Commctns, Inc. | | | | | | | | | | A | | | | X | | | | | X | | | | | | | | | |
| S | Coca-Cola Co. | X | | | | | | | | | | | | | X | | | | | | | | X | | | | | | X |
| S | Unocal Corp. | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | X |
| S | Paramount Communications, Inc. | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | X |
| | Carolina Freight Corp | | | | | | | | | | A | | | | X | | | | | X | | | | | | | | | |
| S | North Carolina Municipal Bond | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | X |
| S | Fed Natl Mtg Assn | | | | | | | | | | A | | | | X | | | | | X | | | | | | | | | |
| | CC Air, Inc. | X | | | | | | | | | | | | | X | | | | | | | X | | | | | | | X |
| S | Govt Natl Mtg Assoc Pool | | | | | | | | | | A | | | | X | | | | | | | X | | | | | | | |
| S | Kemper Tax Exempt Income Fund | | | | | | | | | | A | | | | X | | | | | | X | | | | | | | | |
| S | Nuveen Tax Exempt Bond Fund | | | | | | | | | | A | | | | X | | | | | | X | | | | | | | | |
| | Plastic Packaging, Inc. ESOP | | | | | | | X | | | | | | | | | | N/A | | | | | | | | | | | |
| S | Plastic Packaging, Inc. 401(K) | | X | | | | | | | | | | | | | | | N/A | | | | | | | | | | | |
| | Plastic Packaging, Inc. 401(k) | | | X | | | | | | | | | | | | | | N/A | | | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: T. Cass Ballenger

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | Pelican - Memphis #6 | | X | | | | | | | | | | | | | | | Royalties | | | X | | | | | | | | |
| S | GNMA Pool | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Anderson County, TN Bond | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Homestead FL Elect Bond | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| | American Govt Income Part | | | | X | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | American Telephone & Telegraph | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Archer-Daniels-Midland | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Attwoods PLC ADR | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Avon Products, Inc. | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| JT | Charles Young | | | | | | | | | | A | | | | X | | | | | | | X | | | | | | | |
| S | Bank of Granite Corp. | | | | | X | | | | | | | | | | | | @ | | | | | | | | | | | |
| | BB&T Financial Corp. | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Bristol Myers Squibb | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Cellular Commnctns, Intl. | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Centel Corp. | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: T. Cass Ballenger

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| S | Comcast Corp CL A | | | X | | | | | | | | | | | | | @ | | | | | | | | | | |
| | Engraph, Inc. | | | X | | | | | | | | | | | | | @ | | | | | | | | | | |
| S | Federal Natl Mtg Assn | | | X | | | | | | | | | | | | | @ | | | | | | | | | | |
| S | Gannett, Inc. | | | X | | | | | | | | | | | | | @ | | | | | | | | | | |
| S | GTE Corp | | | | X | | | | | | | | | | | | @ | | | | | | | | | | |
| S | Kemper Tax Ex Inc Tr Ser 18 | | | X | | | | | | | | | | | | | @ | | | | | | | | | | |
| | Lamonts Corp | | X | | | | | | | | | | | | | | @ | | | | | | | | | | |
| S | Natl Health Laboratories | | | X | | | | | | | | | | | | | @ | | | | | | | | | | |
| S | Nationsbank Corp | | | X | | | | | | | | | | | | | @ | | | | | | | | | | |
| S | Nuveen Tax Ex Bond Fd 183 | | | X | | | | | | | | | | | | | @ | | | | | | | | | | |
| S | Nuveen Tax Ex Unt Trust 87 | | | X | | | | | | | | | | | | | @ | | | | | | | | | | |
| S | Pepsico, Inc. | | | X | | | | | | | | | | | | | @ | | | | | | | | | | |
| | Rockefeller Ctr. Prop. | | | X | | | | | | | | | | | | | @ | | | | | | | | | | |
| S | Schering Plough Corp. | | | X | | | | | | | | | | | | | @ | | | | | | | | | | |
| S | Schering Plough Corp. | | | X | | | | | | | | | | | | | @ | | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: T. Cass Ballenger

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S | Service Corp Intl | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Southern National Corp | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Telecommunications Cl A | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Telefonos de Mexico | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Telephone & Data Systems | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Time Warner Ser D Pfd | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| | Wachovia Corp | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Warner Lambert Co. | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Waste Mgmt, Inc. | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | WR Grace & Company | | | | | X | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Global Health Sciences Fund | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Merck & Company, Inc. | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Ambac Incorp | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Federal Home Loan Mtg. Co. | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Owens Illinois Income | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: T. Cass Ballenger

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| S | Reuters Holdings PLC ADR | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Time Warner, Inc. | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Woolworths Corp | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| | Carolina Freight Corp. | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| | Candis Corp. | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| | Duke Power Co. | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| | Ladd Furniture | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| | Lowes Companies, Inc. | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| | Pacific Telesis Group | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| | Unifi, Inc. | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Newton, NC San Swr Bonds | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | NC Mun Pwr Agy #1 | | | | X | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | Catawba County NC Hosp | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | NC Med Care Commn | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |
| S | NC Mun Pwr Agy #1 | | | X | | | | | | | | | | | | | | @ | | | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: T. Cass Ballenger

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S | J.C. Bradford IRA | | | | X | | | | | | | | | | | | | N/A | | | | | | | | | | |
| | IRA Delaware Charter | | | | | | | X | | | | | | | | | | N/A | | | | | | | | | | |
| | IRA Resources Trust | | | X | | | | | | | | | | | | | | N/A | | | | | | | | | | |
| | IRA Delaware Charter | | X | | | | | | | | | | | | | | | N/A | | | | | | | | | | |

* - Brokerage Account, value for stock listed elsewhere

θ - Stock or bond held by brokerage account, income listed with brokerage account

A - Value listed elsewhere in this schedule

Reporting Individual's Name: T. Cass Ballenger

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| B, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H Over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| S | Waste Mgmt, Inc. | | X | | 6-8-92 | X | | | | | | |
| S | Gilette Co. | | X | | 1-16-92 | X | | | | | | |
| S | Coca-Cola Co. | | X | | 4-7-92 | X | | | | | | |
| S | Unocal Corp. | | X | | 5-7-92 | X | | | | | | |
| S | Paramount Communications, Inc. | | X | | 6-23-92 | X | | | | | | |
| | Carolina Freight Corp. | | X | | 10-5-92 | X | | | | | | |
| S | North Carolina Muni Bond | | X | | 1-2-92 | X | | | | | | |
| S | Fed Natl Mtg Assn | | X | | 11-25-92 | | X | | | | | |
| S | Govt Nat'l Mtg Assoc Pool | | X | | 1992 | X | | | | | | |
| S | Kemper Tax Exempt Income Fund | | X | | 1992 | X | | | | | | |
| | Lowes Companies | X | | | 10-9-92 | X | | | | | | |
| | Engraph, Inc. | X | | | 9-11-92 | X | | | | | | |
| | Carolina Freight | X | | | 2-18-92<br>8-5-92 | X | | | | | | |
| | Pacific Telesis | X | | | 10-13-92 | X | | | | | | |
| | Cordis | X | | | 10-13-92 | X | | | | | | |
| | Unifi | X | | | 11-4-92<br>12-16-92 | X | | | | | | |
| | Duke Power | X | | | 12-16-92<br>10-13-92 | X | | | | | | |

Reporting Individual's Name: T. Cass Ballenger

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Ladd Furniture | X | | | 12-16-92 | X | | | | | | |
| | Carolina Freight | X | | | 12-16-92 | X | | | | | | |
| S | Ambac | X | | | 1-1-92 | X | | | | | | |
| S | Federal Home Loan Mtg Assoc | X | | | 2-27-92 | X | | | | | | |
| S | Owens Illinois | X | | | 4-14-92 | X | | | | | | |
| S | Reuters Holding PLC ADR | X | | | 11-18-92 | X | | | | | | |
| S | Time Warner, Inc. Ser D Pfd | X | | | 3-10-92 | X | | | | | | |
| S | Waste Mgmt. Inc. | X | | | 10-13-92 | X | | | | | | |
| S | Woolworth Corp. | X | | | 12-7-92 | X | | | | | | |
| S | Global Health Sciences Fund | X | | | 1-16-92 | X | | | | | | |
| S | Merck | X | | | 6-15-92 | X | | | | | | |
| S | CC Air Inc. | | X | | 12-21-92 | X | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Reporting Individual's Name: T. Cass Ballenger

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | Meridian Mtg | Mortgage on Washington home | | | | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | None | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

T. Cass Ballenger

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

| Source | | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| Textron, Inc. | | May 27 | Wash., DC-Providence, RI-Wash, DC | N | Y | None | N |
| The Congressional Institute | | Dec 4-6 | Hickory, NC-Williamsburg, VA-Wash. DC | Y | Y | Spouse | N |

This page may be copied if more space is required.

| Reporting Individual's Name |
|---|
| T. Cass Ballenger |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| | See schedule |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | See attached letter | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO: 1982 50-635A (pc)

BALLENGER, T. CASS

Form A, Section VIII, Position:

| Positions | Name of Organization |
|---|---|
| Chairman of the Board | Plastic Packaging, Inc. |
| General partner | Balmark Realty |
| Limited partner | Associated Realty investors |
| Limited partner | Associated Apartment Investors |
| Limited partner | Hunter Publishing Limited |
| General partner | Georgetown Square Group |
| Limited partner | Southern Inns Associates LTD. |
| Limited partner | Cady Associates LTD. |
| Limited partner | Oak Plantation Associated LTD. |
| Limited partner | Prutech Research & Development Partnership |
| President | Ballenger Foundation, Non-Profit Foundation |
| Limited partner | Dyco Petroleum |

CASS BALLENGER
10TH DISTRICT, NORTH CAROLINA

318 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
202-225-2576

COMMITTEES:
EDUCATION AND LABOR
PUBLIC WORKS AND TRANSPORTATION

# Congress of the United States
## House of Representatives
## Washington, DC 20515

P.O. BOX 1820
381-10TH AVENUE COURT, NE
HICKORY, NC 28602
704-327-6140

P.O. BOX 976
418 SOUTH STREET
GASTONIA, NC 28053
704-864-8822

March 20, 1990

The Honorable Julian Dixon
Chairman
The Committee on Standards of
Official Conduct
HT-2, U.S. Capitol
Washington, D.C. 20515

Dear Julian:

I would appreciate clarification on limitations on outside earned income as it relates to a consulting fee I currently receive (see attached letter) from my company, in light of the changes mandated by the Ethics Reform Act of 1989 (Public Law 101-194).

As you can see from the attached letter, I have been permitted to receive $20,000 per year for as much as 400 hours of consulting services on implementation of corporate policy decisions. Plastic Packaging, Inc., a company I founded and in which I have controlling interest, is my principal family investment and I view it important to remain associated with the business to assure that my investment is protected.

Please advise me relative to any exemption of these fees from the limits on outside income for calendar year 1990 as prescribed under clause 2(b)(1) of House Rule XLVII as revised by Public Law 101-194. Further, I would appreciate advice relative to this matter for calendar year 1991 and beyond.

If you have questions or need clarification on any point, please call me or have your staff contact my administrative assistant, Patrick Murphy, at 225-2576.

Thank you for your prompt attention to this matter.

Sincerely,

Cass Ballenger

CASS BALLENGER
Member of Congress

CB:pmm

Enclosure

# U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

Washington, DC 20515

February 25, 1987

The Honorable Cass Ballenger
United States House of Representatives
116 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter of January 16, 1987, requesting the advice of this Committee regarding the propriety of your receipt of certain compensation from Plastic Packaging, Inc. Your correspondence elaborates on information provided in an earlier meeting with Committee Counsel Mark Davis.

You explain that you served as President of Plastic Packaging, Inc., from its founding in 1956 until your election to the House of Representatives. While you remain the majority stockholder and Chairman of the Board, you no longer have day-to-day operating responsibilities. In lieu of the salary previously paid to you, Plastic Packaging, Inc., intends to pay you $20,000 per year for as much as 400 hours of consulting services on implementation of corporate policy decisions. You further explain that Plastics Packaging, Inc., is your principal family investment, and you view it important to remain associated with the business to assure that your investment is protected.

The provision implicated by your inquiry is House Rule XLVII, which limits the amount of outside earned income which a Member of the House of Representatives may receive in a calendar year to 30 percent of the Member's aggregate yearly congressional salary. As provided in the Rule, the term "outside earned income" means "wages, salaries, professional fees, honorariums, and other amounts ... received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(d)(4) of Rules XLVII specifically states that outside earned income does not include--

> in the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received

The Honorable Cass Ballenger
February 25, 1987
Page 2

> by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

The Committee is of the opinion that the services you will be performing for Plastic Packaging, Inc., and compensation in the amount specified, fall within the stated exemption. The purpose of the exemption, as stated by the Commission on Administrative Review of the 95th Congress, is to enable Members to protect their interest in a family business. (See, House Document 95-73, p. 11; see also, Advisory Opinion No. 13, House Select Committee on Ethics, 95th Congress.) Further evidence of the fact that your efforts are aimed at preserving your equity, rather than generating a significant amount of income, is the limited time you plan to devote to the business. The Committee also notes that the amount of compensation you will be receiving from the corporation is substantially less than that reported for prior years on the Financial Disclosure Statement which you filed as a candidate.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year. For purposes of clarity, we suggest that you note on the Statement that this income is from a family business and exempt from application of Rule XLVII.

If you have any further questions concerning this matter, please contact the Committee staff at extension 5-7103.

Sincerely,

Julian C. Dixon
Chairman

Floyd D. Spence
Ranking Minority Member

JS:MJD

ONE HUNDRED FIRST CONGRESS
ADAM C. SMITH, CALIFORNIA, CHAIRMAN
VIC FAZIO, CALIFORNIA
BERNARD J. DWYER, NEW JERSEY
ALAN B. MOLLOHAN, WEST VIRGINIA
JOSEPH M. GAYDOS, PENNSYLVANIA
CHESTER G. ATKINS, MASSACHUSETTS
(202) 225-7103

JOHN T. MYERS, INDIANA
JAMES V. HANSEN, UTAH
CHARLES PASHAYAN, JR., CALIFORNIA
THOMAS E. PETRI, WISCONSIN
LARRY E. CRAIG, IDAHO
FRED GRANDY, IOWA
RALPH L. LOTTUR, CHIEF COUNSEL

U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, DC 20515

October 27, 1990

The Honorable Cass Ballenger
U.S. House of Representatives
218 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter requesting clarification of the limitations on outside earned income as it relates to a consulting fee you receive from your company. The Committee originally addressed this matter in a letter of February 25, 1987, a copy of which you enclosed with your correspondence.

You explain that while a Member of the House you have accepted $20,000 per year from Plastic Packaging, Inc., for as much as 400 hours of consulting services on implementation of corporate policy decisions. You founded the company and have retained controlling interest in it. It is your principal family investment and you continue to view it important to remain associated with the business to assure that your investment is protected. Consistent with Committee advice, this income has not been treated as subject to the earned income limit of House Rule XLVII. In light of the changes mandated by the Ethics Reform Act of 1989 (P.L. 101-194 as amended by P.L. 101-280), you ask if the Committee's earlier advice continues to apply to your situation.

In 1987, you told the Committee that you were Chairman of the Board of Plastic Packaging, Inc., in addition to being majority stockholder. Your Administrative Assistant, Patrick Murphy, has informed Committee Counsel Mark Davis that this continues to be the case. While the corporation does provide you with transportation to attend board meetings, you receive no compensation other than the $20,000 consulting fee.

Several provisions of Federal law and House rules, as amended by the Ethics Reform Act of 1989, are relevant to your inquiry. Members of the House are limited in the amount of outside earned income they may receive in a calendar year by House Rule XLVII. For calendar year 1990, the outside earned income limit is 30 percent of the aggregate yearly congressional salary paid in 1989, or $26,850. House Rule XLVII, clause 1(b)(1). For calendar years after 1991, the earned income limit

will be 15 percent of the January 1 rate of pay in effect for level II of the Executive Schedule (the same rate at which House Members are paid). House Rule XLVII, clause 1(a)(2); see also section 501(a) of the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 7, §501(a), hereinafter cited as "EIGA".

"Outside earned income" is defined in Rule XLVII, clause 3(e), to mean "wages, salaries, fees, and other amounts received or to be received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(e)(4) of Rule XLVII specifically states that outside earned income does not include--

> [I]n the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

Even if compensation is consistent with the definition of "outside earned income" or falls within one of the stated exemptions, certain activities for compensation will be totally prohibited by Federal law and House Rule XLVII beginning January 1, 1991. Section 502 of EIGA (5 U.S.C. app. 7, §502), provides, in pertinent part, that Members of the House, as well as other senior government officials, shall not --

> (1) receive compensation for affiliating with or being employed by a firm, partnership, association, corporation, or other entity which provides professional services involving a fiduciary relationship;
>
> (2) permit that Member's . . . name to be used by any such firm, partnership association, corporation, or other entity;
>
> (3) receive compensation for practicing a profession which involves a fiduciary relationship; [or]
>
> (4) serve for compensation as an officer or member of the board of any association, corporation, or other entity.

See also House Rule XLVII, clause 2.

The statute does not define what constitutes "professional services which involve a fiduciary relationship." That determination has been left to this Committee with respect to House Members and staff, pursuant to its authority under sections 503(1)(A) and 504(b) of EIGA (5 U.S.C. app. 7, §§503(a)(A) and 504(b)). See Report of the House Bipartisan Task Force on Ethics on H.R. 3660, p. 16, Cong. Rec. (daily ed.), Nov. 21, 1989, H9257.

The legislative history of the Ethics Reform Act suggests the primary objectives behind enactment of the prohibition on the paid practice of a profession which involve a fiduciary relationship. The first was to prevent any conflict between the responsibility of a public official to act for the common good and the obligation which would be owed a private client paying compensation. The second was to make certain that official position was not being used for private gain. The third objective was to "ensure that honoraria not reemerge in various kinds of professional fees from outside interests." See Task Force Report, supra, pp. 15-16.

To determine whether employment in which a Member proposes to engage is prohibited under the statute, the Committee is looking at more than the title of the position and the kind of services typically performed by those in the occupation. Subject to further legislative guidance, the Committee is evaluating the nature and circumstances of each individual's particular employment on a case-by-case basis in light of the objectives of the Ethics Reform Act.

With respect to your services for Plastic Packaging, Inc., you are serving as Chairman of the Board but are receiving no compensation other than the consulting fee. (Your receipt of travel expenses to attend board meetings is not considered compensation.) You were paid by Plastic Packaging prior to your election to the House of Representatives, but the $20,000 consulting fee is significantly less than you had been receiving. In addition, the payment is consistent with the policy enunciated in House Rule XLVII to permit a Member to accept compensation to protect his interest in a family business. Your limited efforts appear aimed at preserving your equity, rather than generating income for the company. Such continuing service related to a family-controlled business suggests neither a significant conflict between public and private obligations, nor accrual of a benefit on account of your status as a Member of Congress. Furthermore, payments to you are not in consideration of speeches, appearances, or articles.

Based on the above considerations, we are of the opinion that the services you perform for Plastic Packaging, Inc., and the specified compensation you receive, continue to fall within the cited exemption in House Rule XLVII. Furthermore, your

receipt of this compensation will not be prohibited after January 1, 1991, since we do not view you as performing "professional services involving a fiduciary relationship" for the purposes of section 502 of EIGA and House Rule XLVII.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year.

As stated above, this opinion is subject to reconsideration based on subsequent enactment of legislation or rule changes. If you have any further questions concerning this matter, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Julian C. Dixon
Chairman

John T. Myers
Ranking Minority Member

JS:MJD

CASS BALLENGER
10TH DISTRICT, NORTH CAROLINA
223B RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3310
202-225-2576
DISTRICT OFFICES
P.O. BOX 1830
361-10TH AVENUE DRIVE NE
HICKORY, NC 28603
704-327-8100
P.O. BOX 1881
2554 LEWISVILLE CLEMMONS ROAD
SUITE 107
CLEMMONS, NC 27012
919-766-9455

HAND DELIVERED

**Congress of the United States**
**House of Representatives**
**Washington, DC 20515-3310**

COMMITTEES
EDUCATION AND LABOR
SUBCOMMITTEES
SELECT EDUCATION AND CIVIL RIGHTS
RANKING MEMBER
LABOR STANDARDS
OCCUPATIONAL HEALTH AND SAFETY
LABOR-MANAGEMENT RELATIONS
FOREIGN AFFAIRS
SUBCOMMITTEES
WESTERN HEMISPHERE AFFAIRS
INTERNATIONAL ECONOMIC POLICY
TRADE AND ENVIRONMENT
DISTRICT OF COLUMBIA
SUBCOMMITTEES
FISCAL AFFAIRS AND HEALTH
RANKING MEMBER
JUDICIARY AND EDUCATION

May 24, 1993

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 MAY 25 AM 10:29
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(2)
✓
MC

The Honorable Donnald K. Anderson
Clerk of the House
U. S. House of Representatives
H-105, U. S. Capitol
Washington, D.C. 20515-6601

Dear Mr. Anderson:

Enclosed is the amended "Schedule IV - Transactions" for my Financial Disclosure Statement for 1992.

If there are further questions, please call me or my administrative assistant, Patrick Murphy, at 225-2576.

Sincerely,

Cass Ballenger

CASS BALLENGER
Member of Congress

CB:pmm

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 MAY 25 AM 10: 30
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

**SCHEDULE IV—TRANSACTIONS**

1992 AMENDED

Reporting Individual's Name: T. Cass Ballenger

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period involving more than $1,000 of property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Ladd Furniture | X | | | 12-16-92 | X | | | | | | |
| | Carolina Freight | X | | | 12-16-92 | X | | | | | | |
| S | Ambac | X | | | 1-1-92 | X | | | | | | |
| S | Federal Home Loan Mtg Assoc | X | | | 2-27-92 | X | | | | | | |
| S | Owens Illinois | X | | | 4-14-92 | X | | | | | | |
| S | Reuters Holding PLC ADR | X | | | 11-18-92 | X | | | | | | |
| S | Time Warner, Inc. Ser D Pfd | X | | | 3-10-92 | X | | | | | | |
| S | Waste Mgmt. Inc. | X | | | 10-13-92 | X | | | | | | |
| S | Woolworth Corp. | X | | | 12-7-92 | X | | | | | | |
| S | Global Health Sciences Fund | X | | | 1-16-92 | X | | | | | | |
| S | Merck | X | | | 6-15-92 | X | | | | | | |
| S | CC Air Inc. | | X | | 12-21-92 | X | | | | | | |
| S | Newton, NC San Swr Bonds | X | | | 4-1-92 | X | | | | | | |
| S | Catawba County NC Hosp | X | | | 10-1-92 | X | | | | | | |
| S | Heritage Income Trust LTD | X | | | 10-16-92 | | X | | | | | |
| | FNMA Pass Thru | | X | | 11-25-92 | | X | | | | | |
| | | | | | | | | | | | | |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 13 AM 9:26
U.S. HOUSE

(4)
HAND DELIVERED
MC
(Office Use Only)

Hon. James A. Barcia
(Full Name)

1717 Longworth H.O.B.
(Mailing Address)

(202) 225-8171
Daytime Telephone

Washington, D.C. 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Michigan District: 5th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

| | |
|---|---|
| **SIGNATURE OF REPORTING INDIVIDUAL** James A. Barcia | **DATE (Month, Day, Year)** 5/12/93 |

Reporting Individual's Name
James A. Barcia

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $8,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | State of Michigan - Senate | Salary | $47,485.00 |
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For payments to charity in lieu of honoraria, use Schedule II

**Reporting Individual's Name**
James A. Barcia

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Example: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| | Michigan National Bank Accounts Lansing, Michigan | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | |
| | Loan to Barcia for Congress | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Michigan Employees Retirement System | | | | | X | | | | | | | | | | | | | Retirement | X | | | | | | | | | |
| | Michigan Deferred Compensation Plans | | | | X | | | | | | | | | | | | | | " | X | | | | | | | | | |
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For additional assets and unearned income, use next page

Reporting Individual's Name
James A. Barcia

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, D, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Old Kent Bank - Central<br>Owosso, Michigan | Campaign Loan | X | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| ---- None---------- | | |
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Use additional sheets if more space is required.

Schedules V and VI

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 14 PM 4:49

Thomas J. Barlow III
(Full Name)

165 Idlewild
(Mailing Address)

Daytime Telephone

Paducah, Kentucky 42001 (502)443-7256

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: KENTUCKY District: 1 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

MC (9)

HAND DELIVERED
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [X] No [ ] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| Tom Barlow | 5-14-93 |

Reporting Individual's Name

Thomas J. Barlow, III

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Central Service, Inc. | Salary | 11,588 |
| | Paducah 9 to 5 | Spouse Salary | N/A |
| | V. J. Barlow Trust | Spouse Salary | N/A |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

Thomas J. Barlow, III

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | NONE | | | |
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**Reporting Individual's Name**
Thomas J. Barlow, III

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| | BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H Over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX Over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | Examples: George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Examples: 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Thomas J. Barlow Trust | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Thomas J. Barlow Trust (con't) | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Thomas J. Barlow Trust (con't) | | | | | | | | | | | | | | | | | Misc. | | | X | | | | | | | | |
| | Citizens Bank and Trust Co./CD | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Stock, Kinloch Corp. | | | | | | X | | | | | | | | | | | | | | | | | | | | | | |
| S | 814 River Oaks | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name
Thomas J. Barlow, III

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| S | Business-Paducah 9 to 5 | | | X | | | | | | | | | | | | | | | | | | | | | | | |

Reporting Individual's Name: Thomas J. Barlow, III

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Paine Webber Growth Funds Class A | X | | | 04-03-92 | X | | | | | | |
| | Paine Webber Growth Funds Class A | | X | | 06-10-92 | X | | | | | | |

Reporting Individual's Name: Thomas J. Barlow, III

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Citizens Bank and Trust, Paducah, KY | Secured by C.D. | | X | | | | | |
| S | Lomas Mortgage Co. | Mortgage on 814 River Oak, Paducah, KY | X | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| KY Pork Producers, Elizabethtown, KY | Print | $300 |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name
Thomas J. Barlow, III

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

**List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | NONE | | | | | | |
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| Reporting Individual's Name |
|---|
| Thomas J. Barlow, III |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Vice President | Kinloch Corporation-4717 Drummond Ave., Chevy Chase, MD 20815 |
| | |
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| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
| | | |
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GPO 1992 58-836A (m)

**NITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 14 PM 4:20

WILLIAM E. BARRETT
(Full Name)

505 W. 17TH STREET
(Mailing Address)

(308) 324-6044
Daytime Telephone

LEXINGTON, NE 68850

| Filer Status | [X] Member of the U.S. House of Representatives — State: NEBRASKA District: 3 | [ ] Officer or Employee | Employing Office: |
|---|---|---|---|
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

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(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | | X |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | | X |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | X | |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | | X |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | X | |
| Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | | X |
| Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | X | |
| Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | X | |
| Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | | X |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | | X |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | | X |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Wm E. Barrett

**DATE (Month, Day, Year)** 5/13/93

Reporting Individual's Name

BARRETT

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | | None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | COMMERCIAL LOT, 9TH & LINCOLN LEXINGTON, NE | | | | | | X | | | | | | NONE | | | | | | | | | | | | | | | | | | |
| | COTTONWOOD NORTH (50% of CORPORATION) 2100 ADAMS PLAZA, LEXINGTON, NE | | | | | | | | | | X | | | | X | | | | | | | | | | | | X | | | | |
| | BARRETT-HOUSEL INSURANCE (56% of CORP) LEXINGTON, NE | | | | | | | | X | | | | | | X | X | X | | | | | | | | | | X | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: BARRETT

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | CONGRESSIONAL FEDERAL CREDIT UNION-INT | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | FARMERS STATE BANK-INTEREST | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | HOME FEDERAL-INTEREST | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | NORWEST-INTEREST | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | RIGGS NATIONAL BANK-INTEREST | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | KANSAS NEBRASKA GAS-STOCK | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | GENERAL MOTORS-STOCK | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | FARMERS STATE BANK-STOCK | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | |
| | ELECTRONIC DATA SYSTEMS-STOCK | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | 6M HUGHES ELECTRONIC-STOCK | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | CHINAMERICAN TECH-STOCK | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |

Page ___ of ___

Schedule III—Continuation

Reporting Individual's Name

BARRETT

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St Dover, Del. | | | | X | | | |
| | LEXINGTON STATE BANK, LEXINGTON, NE | MORTGAGE ON COTTONWOOD APTS. | | | | | X | | |
| | FARMERS STATE BANK, LEXINGTON, NE | CO-SIGN ON CAMPAIGN LOAN | | | X | | | | |
| | 1ST STATE BANK, GOTHENBURG, NE | HOME MORTGAGE | | | X | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name

BARRETT

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | AMERICAN MEDICAL ASSOCIATION | 1/30 to 2/1 | Participant in roundtable discussion WASH, D.C.-W. PLAM BEACH,FL | Y | Y | Spouse | N |
| | THE CONGRESSIONAL INSTITUTE | 12/4-12/6 | Issues seminar Williamsburg, VA | Y | Y | Spouse | N |
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Page ___ of ___

Schedule VII

| Reporting Individual's Name |
|---|
| BARRETT |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| TRUSTEE | HASTINGS COLLEGE, HASTINGS, NE (UNCOMPENSATED) |
| | |
| | |
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| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 28.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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GPO: 1983 86-535A (pn)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

MAY 17 PM 3:53

**HAND DELIVERED**

5

MC
(Office Use Only)

Thomas M. Barrett
(Full Name)

313 Cannon Office Building — 202-225-3571
(Mailing Address) — Daytime Telephone

Washington, D.C. 20515

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: WI District: 5 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.) The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

| | |
|---|---|
| **SIGNATURE OF REPORTING INDIVIDUAL** Thomas M. Barrett | **DATE (Month, Day, Year)** May 13, 1993 |

Reporting Individual's Name
Thomas M. Barrett

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | State of Wisconsin Legislative | Salary | $33,600 |
| | Milwaukee Public Schools | Spouse Salary | N/A |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

**Reporting Individual's Name**
Thomas M. Barrett

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 20th Century Select-Dfrd. Comp | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | 20th Century Growth-Dfrd Comp | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Great West Life - Dfrd. Comp | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Equitable Fund IRA Account | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Security Bank IRA Account | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Equitable Bank IRA Account | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Thomas M. Barrett

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| Loan to: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Friends of Tom Barrett (Political Account) | | | | | X | | | | | | | | | | | | | X | | | | | | | | | |

| Reporting Individual's Name |
| --- |
| Thomas M. Barrett |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
| Board Member | Sojourner Truth House for Battered Women (resigned 12/92) |
| Board Member | Transaction Inc. (Shalom High School) (resigned 12/92) |
| Board Member | Epilepsy Assoc. of SE Wisconsin (resigned 12/92) |
| | |
| | |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
| | N/A | |
| | | |
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| | | |

GPO: 1992 50-535A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

MAY 19 7 8 50

(9)

INSIDE MAIL

MC

(Office Use Only)

DR. ROSCOE G. BARTLETT
(Full Name)

4317 BUCKEYSTOWN PIKE
(Mailing Address)

FREDERICK MARYLAND 21701
(Mailing Address)

Daytime Telephone: 301-662-6284

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: MD District: 6th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** (Except for Maryland State Retirement Income) | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Bartlett

**DATE (Month, Day, Year)** 5/14/93

Reporting Individual's Name
ROSCOE G. BARTLETT

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | MARYLAND STATE RETIREMENT SYSTEMS | PENSION | $12,029.00 |
| | SOCIAL SECURITY | | |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
ROSCOE G. BARTLETT

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | NONE | | | |
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**Reporting Individual's Name**
ROSCOE G. BARTLETT

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H Over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST / QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX Over $1,000,000 | |
| S, DC, JT — Examples: S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | |
| | 1/2 Acre Lot, Thurmont, MD | | | | | X | | | | | | | | | | | | | | | | | | | | | | |
| | 3½ Acre Lot, Washington, Co. | | | | | X | | | | | | | | | | | | | | | | | | | | | | |
| | Land Installment Contract Frederick, | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | |
| | 153 Acres, Pocohontas Co., WV 2 Houses | | | | | | X | | | | | | | | | | | | | | | | | | | | | |
| | 80 Acres, Onaway, Michigan With Buildings | | | | | X | | | | | | | | | | | | | | | | | | | | | | |
| | 85.3 Acres, Frederick County, MD With Buildings | | | | | | | | | X | | | X | | | | | | | | | | | X | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ROSCOE G. BARTLETT

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | S, DC, JT | Year End Value (X) | | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | |
| 18.9 Acres, Frederick Co., MD Apartment Building | | | | | | | | | | X | | | | X | | | | | | | | | | | | X | | | | |
| Money Market Account | | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| Johns Hopkins University/APL Retirement Account | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| Precious Metals | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mortgage, Thurmont, MD | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | |
| Mortgage, Berkley Springs, WV | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | |
| Putnam Bonds | | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |

Reporting Individual's Name

ROSCOE G. BARTLETT

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | NONE | | | | | | | | | | | |
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Reporting Individual's Name
ROSCOE G. BARTLETT

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | NONE | | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name

Roscoe G. Bartlett

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| NONE | | | | | | | |
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| Reporting Individual's Name |
|---|
| ROSCOE G. BARTLETT |

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| NONE | |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
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GPO: 1982 66-838A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 MAY 25 PM 5:11
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Dr. Roscoe G. Bartlett
(Full Name)

4317 Buckeystown Pike
(Mailing Address)

(202) 225-2721
Daytime Telephone

Frederick, Maryland 21701

| | | | |
|---|---|---|---|
| **Filer Status** | [XX] Member of the U.S. House of Representatives — State: MD District: 06 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [ ] Annual (May 15) | [XXX] Amendment | [ ] Termination — Termination Date: |

(4)
MC
HAND DELIVERED
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** (Except for Maryland State Retirement Income) | Yes [ ] | No [XX] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [XX] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [XX] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [XX] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [XX] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] No [XX] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [XX] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [XX] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [XX] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [XX] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [XX] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** R. Bartlett

**DATE (Month, Day, Year)** May 24 1993

Reporting Individual's Name

Dr. Roscoe G. Bartlett

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | MARYLAND STATE RETIREMENT SYSTEMS | PENSION | $12,029.00 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

**Reporting Individual's Name**
Dr. Roscoe G. Bartlett

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | | None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| | 1/2 Acre Lot, Thurmont, MD | | | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| | 3½ Acre Lot, Washington, Co. | | | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| | Land Installment Contract, Frederick, MD | | | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 153 Acres, Pocohontas Co., W.V. 2 Houses | | | | | | | | X | | | | | | | | | | | | X | | | | | | | | | | |
| | 80 Acres, Onaway, Michigan with buildings | | | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| | 85.3 Acres, Frederick County, MD with buildings | | | | | | | | | | | X | | | X | | | | | | | | | | | X | | | | | |

**For additional assets and unearned income, use next page**

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Dr. Roscoe G. Bartlett

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST / QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| 18.9 Acres, Frederick Co., MD Apartment Building | | | | | | | | | X | | | X | | | | | | | | | | | X | | | | |
| Money Market Account -- Frederick County Nat. Bank | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | |
| Johns Hopkins University/APL Retirement Account | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| Precious Metals | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| Mortgage, Thurmont, MD Don and Gloria R yals | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | |
| Mortgage, Berkley Springs, WV Heidi and Marcos Marte | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| Putnam Bonds | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

Joe Linus Barton
(Full Name)
1225 Longworth Bldg.
Washington, DC 20515 (now located in 1514 Longworth Bldg., Washington, DC 20515)
(Mailing Address)
Daytime Telephone: 202-225-2002

(5)

MAY 17 1993

MC

(Office Use Only)

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives — State TX District 6 | [ ] Officer or Employee | Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

## PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001.)

SIGNATURE OF REPORTING INDIVIDUAL: Joe Barton

DATE (Month, Day, Year): May 17, 1993

Reporting Individual's Name
Joe L. Barton

## SCHEDULE II – PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | National Association for the Superconducting Super Collider | conference participation | 3/6/92 | $1,000.00 |
| | National Cable TV Association | speech | 5/3-6/92 | $1,500.00 |
| | Non-prescription drug manufacturer's Association | speech | 6/18/92 | $500.00 |
| | United States Telephone Association | leadership roundtable | 4/23/92 | $1,000.00 |

This page may be copied if more space is required.

Reporting Individual's Name
Joe L. Barton

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None"

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (P) A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | Over $1,000,000 | Indicate other than fair valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) DIVIDENDS | RENT | INTEREST | CAPITAL GAIN | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | Over $1,000,000 | Block D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | Ennis Business Forms (Ennis, TX) stock | | | | | X | X | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | Atlantic Richfield Company stock | | | | | X | X | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | Texas Utilities stock | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | First National Bank of Ennis, TX | | | | | | X | X | | | | | | | X | | | | | | | X | | | | | | | | |
| JT | Wal-Mart stock | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Congressional Federal Credit Union | | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name: Joe L. Barton

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| JT | Congressional Federal Credit Union | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |

Reporting Individual's Name
Joe L. Barton

## SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure – Destination(s) – Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C. – Chicago – Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 8–13 | Wash., D.C. – Los Angeles – Cleveland | Y | Y | Spouse | 4 Days |
| | Energy Conf. 2055 M Street suite 400 Washington, DC 20036 | Jan 6-9, 1992 | Flight for Joe & Janet Barton Dallas-Aspen-DC conference attending | Y | Y | Janet-spouse | no |
| | Nat'l Assoc. for the SSC 6th Principal Mtg 66 Pennsylvania Ave SE suite 400 Washington, DC 20003 | Mar. 7, 1992 | Flight for Cong. & L.D.-Joe Hackman DC-New Orleans, DC, speaking | no | Y | none but paid for L.D. Joe Hackman | no |
| | Nat'l Association of Broadcasters 1771 N Street NW Washington, DC 20036 | Apr. 11-13, 1992 | Round trip flight Dfw-Las Vegas-Dfw for telecommunications conf. | yes 2 nights | yes 2 nights | None | no |
| | U.S. Telephone Association 900 17th Street, NW Suite 600 Washington, DC 20006 | Apr. 22-24, 1992 | Flight from Houston-Orlando annual legislative conference | Yes 1 night | yes 2 meals | None | no |
| | Univ. of Texas Engineering Honor Society 204 W. 21st Street Austin, TX 78751 | Apr. 27, 1992 | Flight from Austin-Dallas-Lubbock for a speech | no | yes 1 meal | None | no |
| | Nat'l Cable TV Assoc. 1724 Eddy Street NE Washington, DC 20018 | May 3-6, 1992 | no transportation but meals & lodging for 3 days in Dallas | Yes 3 nights | yes 3 days | None | no |
| | Independent Association of Convenience Stores 1011 14th Street NW Suite 700 Washington, DC 20005 | Sept. 4-5, 1992 | Round trip flight for Cong. to DC Wed. for speech | Yes 1 night | yes 1 day | None but paid for Rep. Dir. Joe Hackman | no |
| | The Engineering Academy Symposium Univ. of Texas Student Engineering Council Austin, TX 78712-1040 | Oct. 17, 1992 | Flight for Cong. (Corpus-Austin-Houston) for a speech | no | Yes 1 meal | None. | no |
| | Houston Contractors Association 5615 Kirby Suite 500 Houston, TX 77027 | Oct. 28, 1992 | Round trip flight Dfw-Houston-Dfw for a speech | no | Yes 1 meal | None | no |
| | Amer. Automotive Parts Council 1000 Connecticut Ave NW Suite 1100 Washington, DC 20036 | Nov. 11-14, 1992 | Round trip flight for Cong. & Janet Dfw-Tucson-Dfw for Congressional Trip | Y | Y | Janet-spouse | no |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC (5)
(Office Use Only)

Joe Linus Barton
(Full Name)

1225 Longworth Bldg. Washington, DC 20515 (now located in 1514 Longworth Bldg., Washington, DC 20515
(Mailing Address)

Daytime Telephone: 202-225-2002

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: TX District: 6 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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**SIGNATURE OF REPORTING INDIVIDUAL** Joe Barton

**DATE (Month, Day, Year)** May 18, 1993

Reporting Individual's Name
Joe L. Barton

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| National Association for the Superconducting Super Collider | conference participation | 3/6/92 | $1,000.00 |
| National Cable TV Association | speech | 5/3-6/92 | $1,500.00 |
| Non-prescription drug manufacturer's Association | speech | 6/18/92 | $500.00 |
| United States Telephone Association | leadership roundtable | 4/23/92 | $1,000.00 |
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Reporting Individual's Name: Joe L. Barton

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | X | | | | | | | |
| JT | Ennis Business Forms (Ennis, Tx) Stock | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | Atlantic Richfield Company stock | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | Texas Utilities stock | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | First National Bank of Ennis, Tx | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | |
| JT | Wal-Mart check | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Congressional Federal Credit Union | | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Joe L. Barton

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| JT | Congressional Federal Credit Union | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |

Reporting Individual's Name: Joe L. Barton

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure – Destination(s) – Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C. – Chicago – Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6–13 | Wash., D.C. – Los Angeles – Cleveland | Y | Y | Spouse | 4 Days |
| | Regione Corley 2233 M Street Suite 900 Washington, DC 20036 | Jan 6-9, 1992 | Flight for Joe & Janet Barton Dallas-Aspen-DC-conference on Carcinoid | Y | Y | Janet-spouse | no |
| | Nat'l Assoc. for the SSC 600 Pennsylvania Ave, SE Suite 400 Washington, DC 20003 | Mar. 2, 1992 | Flight for Corg. & L.D. Jeff Mackinnon DC-New Orleans, DC; SSC conference | no | Y | none but paid for L.D. Jeff Mackinnon | no |
| | Nat'l Association of Broadcasters 1771 N Street NW Washington, DC 20036 | Apr. 11-13, 1992 | Roundtrip flight DFW-Las Vegas-DFW for telecommunications conf. | yes 2 nights | yes 2 nights | none | no |
| | U.S. Telephone Association 900 19th Street NW Suite 800 Washington, DC 20006 | Apr. 23-24 1992 | Flight from Houston-Orlando-Dallas annual legislative conference | yes 1 night | yes one meal | none | no |
| | Tally & Associates Lyndon Baines Johnson Library Society 3001 Red River Austin, TX 78751 | Apr. 27, 1992 | Flight from Austin-Dallas Lonfield for a speech | no | yes 1 meal | none | no |
| | Nat'l Cable TV Assoc. 1724 Massachusetts Street NE Washington DC 20018 | May 3-6, 1992 | no transportation but meals lodging for 3 days in Dallas | yes 3 nights | yes 5 days | none | no |
| | | | | | | | |
| | Independent Association of Chinese Students 1733 15th Street NW Suite 440 Washington, DC 20005 | Sept. 4-5, 1992 | Roundtrip flight for Corg & L.D. DC-NY-DC for speech | yes 1 night | yes 1 day | none but paid for leg. Dir. Jeff Mackinnon | no |
| | Tx. Engineering Undergrad Symposium Texas College Student Engineering Council Austin, TX 78712-1080 | Oct. 17, 1992 | Flight for Corg. (Ennis-Austin-Waco-Austin, Tx) for a speech | no | yes 1 meal | none | no |
| | Houston Contractors Association 5051 Westheimer Suite 250 Houston, TX 77027 | Oct. 28, 1992 | Roundtrip flight DFW-Houston-DFW for a speech | no | yes 1 meal | none | no |
| | Anti defamation League 1100 Connecticut Ave. NW Suite 1020 Washington, DC 20036 | Nov. 11-14, 1992 | Roundtrip flight for Corg & Janet DFW-Tel Aviv-Israel-DFW for Congressional trip | Y | Y | Janet-spouse | no |
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Page 5 of 5

Schedule VII

| UNITED STATES HOUSE OF REPRESENTATIVES<br>FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992 | FORM A<br>For use by Members, officers, and employees |
|---|---|

RECEIVED
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1993 MAY 13 AM 11: 33
U.S. HOUSE OF REPRESENTATIVES

HERBERT HARVELL BATEMAN
(Full Name)

2350 RAYBURN HOUSE OFFICE BUILDING — 202/225-4261
(Mailing Address) — Daytime Telephone

WASHINGTON, D. C. 20515

| Filer Status | [X] Member of the U.S. House of Representatives — State: VA District: First | [ ] Officer or Employee — Employing Office: |
|---|---|---|
| Report Type | [X] Annual (May 15) | [ ] Amendment — [ ] Termination — Termination Date: |

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HAND DELIVERED
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No | | Yes | No |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | | X | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | | X |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | X | | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | X | |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | X | | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | | X |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | X | | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | | X |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | X | | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | | X |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | | X |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.) The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month, Day, Year): May 11, 1993

Reporting Individual's Name

Herbert Harvell Bateman

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| The Tobacco Institute, Washington, D. C. | Attendance at Legislative Conference | 1/16/92-1/19/92 | $2,000. |
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Reporting Individual's Name
Herbert Harvell Bateman

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | | |
| JT | Tom & Marian Lewis, Mortgage Note | | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| JT | .70 acre commercial lot, Hampton, Va. | | | | | | | | X | | | | | X | | | | | | | | X | | | | | | | | | |
| JT | Parking Space, Horizon House, Arl.,Va. | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Legg-Mason Value Trust | | | | | X | | | | | | Mutual Fund | X | | | X | | | | | | X | | | | | | | | | Less than $1,000. |
| | Templeton World Fund (Retirement Accts) | | | | | | | X | | | | | X | | | X | | | | | | | | | X | | | | | | |
| S | Templeton World Fund (Retirement Accts) | | | | | X | | | | | | | X | | | X | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page



Schedule III

Reporting Individual's Name
Herbert Harvell Bateman

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST / QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | Legg Mason Cash Reserve Trust | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | X |
| | Templeton World Fund | | | X | | | | | | | | X | | | X | | | | | X | | | | | | | | Less than $1,000. |
| | Newport News Savings Bank | | | X | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Jefferson National Bank | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Smithfield Food | | | X | | | | | | | | X | | | | | | X | | | | | | | | | | |
| S | Interest in estate of deceased parents | | | | | X | | | | | | | | | | | | X | | | | | | | | | | |
| JT | NationsBank & Investors Savings Bank | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Va. Supplemental Retirement System | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |



Schedule III—Continuation

Reporting Individual's Name
Herbert Harvell Bateman

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| JT | Promissory note of Tom and Marian Lewis (Principal balance | | | | 7-22-92 | | X | | | | | |
| | Paid in full) | | | | | | | | | | | |
| | Legg Mason Cash Reserve Trust | | X | | 12-18-92 | | X | | | | | |

Reporting Individual's Name
Herbert Harvell Bateman

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| Sub. | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H Over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Dominion National Bank | Equity Line | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| No Reportable Gifts | | |
| | | |
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| | | |

Use additional sheets if more space is required.

Reporting Individual's Name
Herbert Harvell Bateman

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totaling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | The Tobacco Institute | 1/16-19 | Palm Springs, Calif, to Wash., D.C.--airfare | Y | Y | Spouse | YES 1/15--own expense |
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U.S. HOUSE OF REPRESENTATIVES

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

Xavier Becerra
(Full Name)

2435 Colorado Blvd., Suite 200
(Mailing Address)

213-550-8962
Daytime Telephone

Los Angeles, CA 90041

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Calif. District: 30th | [ ] Officer or Employee — Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** [signature] **DATE (Month, Day, Year)** 5-15-93



204

Reporting Individual's Name
Xavier Becerra

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | State of California - State Assembly | Legislative Salary & Per Diem | $67,151 |
| | Los Angeles County - Women's Hospital | Spouse Salary | NA |
| | Good Samaritan Hospital | Spouse Salary | NA |
| | Community Health Foundation | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
Xavier Becerra

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | Other Income (Specify type) | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| | Home Savings - Checking Account | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Becerra for Congress - Loan | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | |
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For additional assets and unearned income, use next page

| Reporting Individual's Name |
|---|
| Xavier Becerra |

## SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| S | Stafford Loan, Boston, MA | Education Loan | X | | | | | | |
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## SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

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U.S. HOUSE OF REPRESENTATIVES

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

Anthony C. Beilenson
(Full Name)

2465 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: (202) 225-5911

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: California District: 24th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes | [X] | No | [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes | [ ] | No | [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes | [X] | No | [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes | [X] | No | [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes | [ ] | No | [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes | [ ] | No | [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes | [ ] | No | [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| | |
|---|---|
| **SIGNATURE OF REPORTING INDIVIDUAL** | **DATE (Month, Day, Year)** May 5, 1993 |



208

Reporting Individual's Name

Anthony C. Beilenson, M.C.

## SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $8,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Legislators' Retirement System (California) | Pension | $11,327 |
| | Honoraria | Honoraria | NONE |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
Anthony C. Beilenson, M.C.

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT — Examples: S — ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT — U.S. Treasury bills | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| JT — Chevy Chase Savings & Loan | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| JT — Standard Federal Savings & Loan | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| JT — Loyola Federal Savings Bank | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | |
| JT — Maryland Federal Savings & Loan | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| JT — Cash Equivalent Fund | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Anthony C. Beilenson, M.C.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | Peter Pauper Press (family business) | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | X |
| JT | Wickliffe, Ky. (municipal bond) | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Lorillard, Inc. (corporate bond) | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | X |
| JT | National Gypsum (bond) | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| JT | State of Israel (bond) | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| JT | Congressional Federal Credit Union | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | COMMON STOCKS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Analog Devices | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | X |
| JT | Atlas Consolidated Mining | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| JT | Coeur d'Alene Mines | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| JT | Mylan Labs | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | | |
| JT | Newmont Mining Corp. | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| JT | Phillips Petroleum | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | |
| JT | Quaker Oaks | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |

Reporting Individual's Name
Anthony C. Beilenson, M.C.

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H Over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Peter Pauper Press | | X | | 5/31/92 | | | | X | | | |
| | Lorillard, Inc. (corporate bond--redeemed) | | X | | 2/6/92 | X | | | | | | |
| JT | Analog Devices | X | | | 2/25/92 | | X | | | | | |

Schedule IV

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(6)

1993 MAY 17 [illegible] 1:19

HAND DELIVERED

MC (Office Use Only)

Helen Delich Bentley (Full Name)

408 Chapelwood lane (Mailing Address) 410 561 1777 202 225 3061 (Daytime Telephone)

Lutherville Maryland 21093

| | | | |
|---|---|---|---|
| **Filer Status** | [x] Member of the U.S. House of Representatives — State: Maryland District: Second | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [x] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [ ] | No [X] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| Helen Delich Bentley | May 17, 1993 |

Reporting Individual's Name: Helen Delich Bentley

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | NBC's "Closer Look" | Jan 8 | TV Appearance Balto-NYC-Balto | N | N | NA | |
| | Competitiveness Caucus | Jan | Fact-finding WashDC-Austin-Wash | | Y | NA | |
| | Matson Navigation Co. | Feb 13-15 | Speech at launching Balto-San Diego-Balto | Y | Y | NA | |
| | American Textiles Conference | Mar 26-27 | Speaker Balto-Boca Raton-Balto | Y | Y | NA | |
| | Cong Toby Roth | Apr 2-3 | Speaker Wash-Green Bay-Balto | Y | Y | NA | |
| | American Defense Preparedness Conference | Apr 7 | Speaker Balto-Williamsburg-Balto | N | N | NA | |
| | University of Illinois Law School | Apr 13 | Speaker Balto-Champaigne-Balto | N | N | NA | |
| | Tidewater Motor Truck Association | June 15 | Speaker Balto-Norfolk-Balto | N | Y | NA | |
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Reporting Individual's Name
Helen Delich Bentley

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Self-employed Bentley's Antique Show Mart | Spouse Income | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

**Reporting Individual's Name**

Helen Delich Bentley

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| S | Baltimore Life Insurance | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Massachusetts Mutual Insurance | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| JT | Mercantile Safe Deposit & Trust | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Bristol Myers Co. | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| S | Maryland National Bank | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | GTE Ccorporation | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Helen Delich Bentley

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Year End Value (X) | | | | | | | | | | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | |
| S, DC, JT | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| | T Rowe Price | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | | |
| | Legg Mason Value Trust | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |

Reporting Individual's Name

Helen Delich Bentley

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Trustee | Villa Julie College, Church Home Hospital, Oceanic Education Foundation |
| Director | Sea Lites Corp., Interseas Fast Craft Inc. |
| President | HDB International Inc.(disbanded June 1992), Intl Resources & Development Corp. |
| President | Serbian-American Information Network Jan-June 1992 |
| | |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NA | |
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GPO: 1992 50-534A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 JUN -4 PM 12: 21
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
6
MC HAND DELIVERED
(Office Use Only)

Helen Delich Bentley
(Full Name)

408 Chapelwood lané
(Mailing Address)

410 561 1777//202 225 3061
Daytime Telephone

Lutherville, Maryland 21093

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Maryland District: Second | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [ ] Annual (May 15) | [XX] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| Helen Delich Bentley | June 4, 1993 |

Reporting Individual's Name
Helen Delich Bentley

## SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $8,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Self-employed Bentley's Antique Show Mart | Spouse Income | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Mercantile Safe & Deposit Trust | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Bristol Myers Co. | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Maryland National Bank | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | GTE Corporation | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | T. Rowe Price | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | | |
| | Legg Mason Value Trust | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: Helen Delich Bentley

Continuation Sheet (if needed)

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| SS | Bentley's Antique Show Mart | | | x | | | | | | | | x | | | | | Sales | | | | | | | | x | | | |
| | International Research & Development Corp. | | | x | | | | | | | | | | | | | none | | | | | | | | | | | |

Page ___ of ___

Schedule III—Continuation

Reporting Individual's Name

Helen Delich Bentley

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| Source | | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 8-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| NBC's "Closer Look" | | Jan 8 | TV Appearance Balto-NYC-Balto | N | N | NA | N |
| Texas Economic Development Corp. | | Jan 22 | Fact-Finding Wash DC-Austin-Balto | N | Y | NA | N |
| Matson Navigation Co. | | Feb 13-15 | Speaker at Launching Balto-San Diego-Balto | Y | Y | NA | N |
| American Textiles Conference | | Mar 26-27 | Speaker at conference Balto-Boca Raton-Balto | Y | Y | NA | N |
| Cong. Toby Roth Re-election | | Apr 2-3 | Speaker Wash-Green Bay-Balto | Y | Y | NA | N |
| American Defense Preparedness Conference | | Apr 7 | Speaker Balto-Williamsburg-Balto | N | N | NA | N |
| University of Illinois Law School | | Apr 13 | Speaker Balto-Champaigne-Balto | N | N | NA | N |
| Tidewater Motor Truck Association | | Jun 15 | Speaker Balto-Norfolk-Balto | N | Y | NA | N |
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Reporting Individual's Name

Helen Delich Bentley

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions * | Name of Organization |
|---|---|
| ~~Trustee~~ | Villa Julie College, Church Home Hospital, Oceanic Education Foundation |
| Director | Sea Lites Corp., Interseas Fast Craft Inc. |
| President | HDB International Inc.(disbanded June 1992), Intl Resources & Development Corp. |
| President | Serbian-American Information Network Jan-June 1992 |
| | |
| * | All positions are not compensated. |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | NA | |
| | | |
| | | |
| | | |
| | | |

GPO: 1992 [illegible]

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(9)

1993 NOV 17 PM 2 05

DOUGLAS KENT BEREUTER
(Full Name)

2348 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone (202) 225-4806

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Nebraska District: 1st | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

MC

HAND DELIVERED

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Douglas Bereuter

DATE (Month, Day, Year): May 14, 1993

Reporting Individual's Name
DOUGLAS KENT BEREUTER

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| Source | Type | Amount |
|---|---|---|
| Examples: State College | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Fairfax County Board of Education | Spouse Salary | NA |
| Arlington County - Virginia School Board | Spouse salary | income |
| Spouse's Notecard sales | income from sale of notecards produced by spouse | income |

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
DOUGLAS KENT BEREUTER

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | | | | |
| | N/A | | | |
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Schedule II

Reporting Individual's Name
DOUGLAS KENT BEREUTER

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| | BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| 1. JT | Savings Account, Calvert Group, Riggs National Bank, Washington, D.C. | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| 2. DC | Savings Account, Calvert Group, Riggs National Bank, Washington, D.C. (Eric) | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| 3. DC | Savings Account, Calvert Group, Riggs National Bank, Washington, D.C. (Kirk) | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| 4. S | IRA Acct., Calvert Group, Riggs National Bank, Washington, D.C. | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| 5. S | IRA Acct., Calvert Group, Riggs National Bank, Washington, D.C. | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| 6. S | Retirement Acct., Teachers Retirement Fund, Arlington, VA | | | | X | | | | | | | | | NA | | | | | | | | NA | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: DOUGLAS KENT BEREUTER

| | BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | Category of Amount of Income (X) | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | S, DC, JT | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| 7. | Checking account, First Virginia Bank Falls Church, Virginia | JT | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| 8. | Checking account, Cornhusker Bank, Lincoln, Nebraska | JT | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| 9. | Wright Patman Federal Congressional Credit Union | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| 10. | Son's annuity rights under settlement of personal injury action. United Services Automobile Association, San Antonio, Texas | DC | | | | | X | | | | | | | | | | | | | X | | | | | | | | | |
| 11. | Federal Employees Thrift Savings Plan New Orleans, Louisiana | JT | | | | X | | | | | | | | | NA | | | | | | NA | | | | | | | | |
| 12. | One-quarter shareholder in family corporation owning 38 acres of land and residence in unincorporated portion of Summit County, Colorado and a parcel with storage building in Utica, Nebraska; and shared interest with extended family of farmland and pastureland in Reno County, Kansas. My individual interest in the Reno County real estate is 1/24 and 1/36 of separate parcels. No earned income. | S<br>E<br>L<br>F | | | | | | X | | | | | | | | | | | | X | | | | | | | | | |

Reporting Individual's Name
DOUGLAS KENT BEREUTER

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| B, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | NONE or N/A | | | | | | | | | | | |

Reporting Individual's Name
DOUGLAS KENT BEREUTER

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | NONE | | | | | | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE REPORTABLE | | |

Use additional sheets if more space is required.

Reporting Individual's Name
DOUGLAS KENT BEREUTER

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| 1. | Aspen Institute, U.S./Soviet Study Group, Jamaica | Jan. 15-20 | Wash., D.C. - Jamaica - Wash., D.C. | Y | Y | Spouse | N |
| 2. | Electronics Industries Assoc. Conference, Captiva, Florida | April 13-16 | Wash., D.C. - Fort Meyers, Florida - Wash., D.C. | Y | Y | Spouse | N |
| 3. | German-American Study Group Conference, Charlottesville, VA | April 22-24 | Wash., D.C. - Charlottesville, VA - Wash., D.C. | Y | Y | None | N |
| | Assoc. of Former Member of Congress, German Marshall Fund of U.S. | | Traveled by car. | | | | |
| 4. | Stanford University. U.S./Japan Legislators Conf., Carmel, CA | Nov. 6-8 | Omaha, Nebraska - San Francisco, CA - Wash., D.C. | Y | Y | None | N |
| 5. | Atlantic Conference, Marbella, Spain. Chicago Council on Foreign Relations | Nov. 11-14 | Brussels - Malaga, Spain - Brussels | Y | Y | None | N |
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Reporting Individual's Name
DOUGLAS KENT BEREUTER

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
|---|---|
| Board of Trustees | Nebraska Wesleyan University, Lincoln, Nebraska |
| Board of Directors | Bread for the World, Washington, D.C. |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 14 AM 11:37

(9)

MC

(Office Use Only)

CONGRESSMAN HOWARD L. BERMAN
(Full Name)

2201 Rayburn Building — 202 225-4695
(Mailing Address) — Daytime Telephone

Washington, D.C. 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [XX] Member of the U.S. House of Representatives | State: CA District: 26th | [XX] Officer or Employee | Employing Office: Howard L. Berman |
| **Report Type** | [XX] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [XX] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [XX] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [XX] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [XX] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [ ] | No [XX] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [XX] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [XX] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [XX] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [XX] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [XX] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [XX] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Howard L. Berman

**DATE (Month, Day, Year)** 5/13/93

Reporting Individual's Name
HOWARD L. BERMAN

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | NONE | | |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
HOWARD L. BERMAN

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | Phoenix Trial Lawyers Assoc., Phoenix, AZ | Speech | 1/10/92 | $1,000 |
| | Wine Institute, San Francisco, CA | Speech | 5/6/92 | $1,000 |
| | Brookings Institution, Washington, D.C. | Speech | 9/17/92 | $400 |
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Reporting Individual's Name

HOWARD L. BERMAN

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Example: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| | NONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: HOWARD L. BERMAN

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
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Reporting Individual's Name

HOWARD L. BERMAN

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| | | Type of Transaction (X) | | | | Amount of Transaction | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B, DC, JT | Identification of Assets | Purchase | Sale | Exchange | DATE (MO, DAY, YR) | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H Over $1,000,000 |
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | NONE | | | | | | | | | | | |

| Reporting Individual's Name |
|---|
| HOWARD L. BERMAN |

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Congressional Federal Credit Union Washington, D.C. | Loan | X | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name
HOWARD L. BERMAN

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totaling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Phoenix Trial Lawyers Assoc | 1/10/92 | Air travel L.A. to Phoenix, AZ to L.A. | N | Y | None | N |
| | American Psychiatric Assoc. | 1/17-18 | Auto L.A. to Palm Desert to L.A. | Y | Y | Spouse | N |
| | Aspen Institute | 8/7-11/92 | Airfare Washington, D.C. to Aspen, CO to Washington, D.C. | Y | Y | Spouse | N |
| | Mass. Inst. of Technology | 2/6-7/92 | Airfare Washington, D.C. to Boston, MA to Los Angeles, CA | Y | Y | None | N |

This page may be copied if more space is required.

| Reporting Individual's Name |
| --- |
| HOWARD L. BERMAN |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
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GPO: 1992 50-638A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 P.M 2:54
U.S. HOUSE OF REPRESENTATIVES
MC (9)
HAND DELIVERED
(Office Use Only)

TOM BEVILL
(Full Name)

2302 Rayburn House Office Building
Washington, D. C. 20515
(Mailing Address)

Or

3827 N. Military Road
Arlington, VA 22207
Daytime Telephone

(202) 225-4876

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: Alabama District: Fourth | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Tom Bevill

**DATE (Month, Day, Year)** May 14, 1993

Reporting Individual's Name

TOM BEVILL 4th/ALA

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Department of the Army | Pension | 8,603.00 |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
TOM BEVILL 4th/ALABAMA

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| International Industrial Symposium on the Super Collider -- San Diego, California | SPEECH | March 6, 1992 | 1,000.00 |
| | | | |
| General Atomics San Diego, California | SPEECH | Nov 13, 1992 | 2,000.00 |
| | | | |
| Kerr-McGee Corp Las Vegas, Nevada | SPEECH | Nov 23, 1992 | 1,500.00 |
| | | | |
| Clark County Flood Control District Las Vegas, Nevada | SPEECH | Nov 23, 1992 | 2,000.00 |
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Reporting Individual's Name
TOM BEVILL 4th/ALABAMA

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Example: | S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| S | Spouse Lou Betts Bevill inherited 1/4 interest in a plot of land 10 acres in McCalla, Alabama | | | X | | | | | | | | | | | | | | N/A | X | | | | | | | | | | | | |
| JT | Merrill Lynch IRA Account for TOM BEVILL 1982-1993 (consist of federal securities) (Not self-directed) | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: TOM BEVILL 4th/Alabama

| S, DC, JT | BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.) | BLOCK B Valuation of Asset: Year End Value (X) – None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) – DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) – None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Merrill Lynch IRA Account for LOU BETTS BEVILL 1982-1993 | | | X | | | | | | | | | | | | | | N/A IRA Account | | | | | | | | | | | |
| | (Consists of federal securities) (Not self-directed) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Wright Patman Congressional Credit Union - Wash.D. C. | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| JT | First Virginia Bank Falls Church Virginia | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| JT | U. S. Treasury - U. S. Savings Bonds - Series EE | | | X | | | | | | | | | | | | | | N/A | X | | | | | | | | | | |
| JT | Merrill Lynch Capital Builder Account for Tom and Lou Bevill (Washington Gas Light Stock) | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | XX |

Reporting Individual's Name
TOM BEVILL 4th/ALABAMA

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H Over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| JT | Merrill Lynch Capital Builder Account opened for | | | | | | | | | | | |
| | Tom and Lou Bevill to purchase stocks: | | | | | | | | | | | |
| | Washington Gas Light Stock | x | | | 02/01/92 | x | | | | | | |
| | Washington Gas Light Stock | x | | | 08/24/92 | x | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | U. S. Treasury - U. S. Savings Bonds Series EE | x | | | MONTHLY | | | | | | | |
| | PURCHASED FOR NON-DEPENDENT CHILDREN AS GIFTS AND | | | | PAYROLL | X | | | | | | |
| | MAILED DIRECTLY TO THEM FROM THE U. S. TREASURY | | | | DEDUCTION FROM CHECK | | | | | | | |
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Reporting Individual's Name

TOM BEVILL 4th/Alabama

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del | | | | X | | | |
| | | | | | | | | | |
| | N O N E | | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| N O N E | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

TOM BEVILL 4th/Alabama

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | National Rural Electric Cooperative Association (Speech in Los Angeles, CA ) | 2/9-12/92 | B'ham, AL - LosAngeles Calif - B'ham, AL | Y | Y | SPOUSE | N |
| | International Industrial Symposium on Super Collider (Speech in New Orleans) | 3/6-7/92 | Wash, D.C. - New Orleans -Wash, D. C. | Y | Y | NONE | N |
| | Southeast Tourism Society (Congressional panel participation) | 6/12-14/92 | Wash, D.C. - VA Beach Virginia - Wash, D.C. | Y | Y | SPOUSE | N |
| | General Atomics, SanDiego,CA Speech | 11/12-15/92 | B'ham, AL -San DiegoCA - B'ham | Y | Y | SPOUSE | N |
| | Clark County Flood Control District(Speech) | 11/22-24/92 | B'hamAL - Las Vegas -B'ham | Y | Y | NONE | N |
| | SPOUSE - IVY INTER-AMERICAN FOUNDATION sponsored trip for Congressional Wives Committee to Help Children of Nicaragua to deliver donations to children | 5/9-13/92 | Washington, D.C. to Nicaragua- Wash, D. C. | Y | Y | NONE | N |

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Reporting Individual's Name
TOM BEVILL 4th /ALABAMA

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| | |
| N O N E | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | N O N E | |
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GPO: 1983 50-535A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 PM 4:05
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(9)
HAND DELIVERED
MC
(Office Use Only)

JAMES H. BILBRAY
(Full Name)

2431 RAYBURN HOB
(Mailing Address)

202-225-5965
Daytime Telephone

WASHINGTON DC 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: NV District: 01 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| James H. Bilbray | May 14, 1993 |

Reporting Individual's Name

JAMES BILBRAY

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| UST | | SPEECH | JAN. 2-4, 1992 | 1,000 |
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Page 2 of ___

Schedule II

Reporting Individual's Name

JAMES ALGRAY

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| JT | 25% INTEREST IN PARCELS 82-111-02-04-07-10 IN SANTA CRUZ, CA | | | | X | | | | | | | | | | | | | | NONE | | | | | | | | | | |
| JT | 12.5% EL MIRADOR PROPERTY CLARK COUNTY, NV. | | | | | | | X | | | | | | | | | | | " | | | | | | | | | | |
| JT | 25% INTEREST 15 ACRES LAND MTN. & OGDATUR, CLARK COUNTY, NV. | | | | | | | | X | | | | | | | | | | " | | | | | | | | | | |
| JT | 16% INTEREST COMMERCIAL PROPERTY NEXT TO K-MART, HENDERSON, NV. | | | | | | | X | | | | | | | | | | | " | | | | | | | | | | |
| JT | 60% INTEREST 260 ACRES BELLVIEW, ID. | | | | | | | | | X | | | | | | | | | " | | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JAMES OILARAY

| S, DC, JT | BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.) | BLOCK B Valuation of Asset: Year End Value (X) A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | 317 SHARES OF 109 INC A NV. CORP. | | | | | X | | | | | | | | | | | | NONE | | | | | | | | | | | |
| JT | 75% INTEREST, B.I. INVESTMENT PARCEL 32-011-02, SANTA CRUZ CA. | | | | X | | | | | | | | | | | | | " | | | | | | | | | | | |
| JT | B.I. INVESTMENT, 75% INTEREST, 1 ACRE PARCEL 250-66-001 CLARK CO, NV. | | | | | X | | | | | | | | | | | | " | | | | | | | | | | | |
| JT | NOTE DUE FROM DON WILLIAMS, CLARK COUNTY NV. | | | | X | | | | | | | | | | | | | " | | | | | | | | | | | |
| JT | THE WHARF RESTAURANT REAL ESTATE CLARK COUNTY, NV. | | | | | X | | | | | | X | | | | | | | | | | | | X | | | | | |
| JT | 84 SHARES, LEROY PROPERTIES + DEVELOPMENT CORP. | X | | | | | | | | | | | | | | | | NONE | | | | | | | | | | | |
| JT | LEISURE COOL PARTNERSHIP | | | X | | | | | | | | X | | | | | | PARTNERSHIP INCOME | | | X | | | | | | | | |
| JT | WRIGHT PATMAN BANK ACCOUNT | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| JT | FIRST INTERSTATE BANK-SAVINGS | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| JT | B.I. INVESTMENTS BANK ACCOUNT VALLEY BANK | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| JT | NOTE RECEIVABLE, VICTORVILLE, CA. | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| JT | B.I. INVESTMENTS, PARCEL 020-794-004 | X | | | | | | | | | | | | | X | | | | | | | | | X | | | | | |
| JT | NOTE DUE FROM LANDRA REID, CLARK COUNTY NV. | | | | X | | | | | | | | | | | | | NONE | | | | | | | | | | | |
| JT | NOTE, MILLY GOAT ACRES, NOTE FROM SALE OF PARCEL 020-794-004 | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | B.I. INVESTMENT, NOTE FROM SALE OF PARCELS 200-330-012, 200-340-004, 094-290-004 | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JAMES BILBRAY

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| JT | 25% INTEREST 25 ACRES W. FLAMINGO RD CLARK COUNTY NV. | | | | X | | | | | | | | | | | | | NONE | | | | | | | | | | | |
| JT | VACATION CLUB INTERNATIONAL NOTE (NOTE PAID OFF) | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |

Page 5 of ___

Schedule III—Continuation

Reporting Individual's Name

JAMES BILBRAY

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| JT | 25% INTEREST IN 20 ACRE PARCEL 98-100-006 CLARK COUNTY, NV. | | X | | 6-3-92 | | | | X | | | |

Reporting Individual's Name: JAMES BILBRAY

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | B.I. INVESTMENTS | LOANS | X | | | | | | |
| JT | LOAN SECURED BY BILLY GOAT ACRES, NOTE FROM SALE OF PARCEL 020-T94-004 | LOAN | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name

JAMES BILBRAY

## SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure – Destination(s) – Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C. – Chicago – Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C. – Los Angeles – Cleveland | Y | Y | Spouse | 4 Days |
| UST | | JAN. 2-4, 1992 | WASH, D.C. – BOCA RATON – WASH, D.C. | Y | Y | NONE | NONE |
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| Reporting Individual's Name |
|---|
| JAMES BICBRAY |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
|---|---|
| SEC. - TREASURER + DIRECTOR (JAMES BICBRAY) - UNCOMPENSATED | B. I. INVESTMENTS |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
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GPO: 1992 90-535A (pb)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 13 PM 4:47

MC 11

**HAND DELIVERED**
(Office Use Only)

Michael Bilirakis
(Full Name)

2240 Rayburn HOB
(Mailing Address)

225-5755
Daytime Telephone

Washington, D.C. 20515

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: FL District: 9 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Michael Bilirakis

DATE (Month, Day, Year): May 14, 1993

Reporting Individual's Name

Michael Bilirakis

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Omega Real Estate | Spouse Commissions | NA |
| | Estate of Vacanti | Personal Rep. Fee | $3,000 |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

Michael Bilirakis

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | Tobacco Institute | Speech | 6/2/92 | $2000 |
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Reporting Individual's Name: Michael Bilirakis

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | 1017 Bartlet Rd Office Bldg Holiday, FL | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | |
| JT | 1013 Bartelt Rd Business Bldg Holiday, FL | X | | | | | | | | | | | X | | | X | | Net Loss | | | | | X | | | | | | X |
| JT | Bellehaven Apts, Dunedin, FL(½) | | | X | | | | | | | | | | | | | | No operational int. | | | | | | | | | | | |
| JT | Gateway Towers Rental Condo Pittsburgh, PA | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| S | Athens & Pinellas Bldg (1/3) Tarpon Springs, FL | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| S | ½ of two lots-Hope Sub Unimproved Realty Tarpon Spgs.FL | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page



Schedule III

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Michael Bilirakis

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| JT | 306 Driftwood Dr Rental House Palm Harbor, FL | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | CD's , checking Nations Bank of FL & saving | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| JT | Barnett Bank - CD's & checking | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| JT | CD's People's State Bank & checking | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| JT | CD, Saving & Checking Cong Federal Credit Union | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| JT | Citizens Federal Bank | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| JT | A.G. Edwards Cash Fund | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Holiday Fish & Chips Corporation | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| S | AMEV Securities | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| S | Caesars World Stock | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| S | Tax Exempt Securities Trust Fund | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| S | Palm Beach County Bonds | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | X |
| S | Washington St. Power Supply Bonds | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| S | City of Albuquerque Bonds | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | X |
| S | County of Armstrong Bonds | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |

Reporting Individual's Name: Michael Bilirakis

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| S | County of Stone, Missouri Bond | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| S | 1st Nat'l Bank of Pasco Stock | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | First Union Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| S | 1st Union Corp. Stock (IRA) | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| S | Daily Cash Accumulation Fund (IRA) | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| S | Wellcome PLC Stock (IRA) | X | | | | | | | | | | | | | X | | | | | | | | X | | | | | | X |
| S | Putnam High Income Gov't Trust (IRA) | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| S | IRA - Life of Georgia | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Tarpon Foods (sold 12/1/88) | X | | | | | | | | | | | | | | | | Bad Debt Recovery | | | | | X | | | | | | |
| | Daily Cash Accumulation Fund (IRA) | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | First Union Corp Stock (IRA) | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Putnam High Income Gov't Trust (IRA) | | | | | X | | | | | | X | | | | | | | | | | | | X | | | | | |
| | Wellcome PLC Stock (IRA) | X | | | | | | | | | | | | | X | | | | | | | | | X | | | | | X |
| | A.G. Edwards, Inc. Stock (IRA) | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | IBM Stock (IRA) | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | X |



Schedule III—Continuation

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: Michael Bilirakis

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | 529 Grand, Tarpon Springs | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Karanikoles Mortgage on | | | | X | | | | | | | | | X | | | | | | | | X | | | | | |
| S | Innovet Inc. (IRA) | X | | | | | | | | | | | | | | | | loss | | | | | | | | | X |
| | Innovet Inc. (IRA) | | | X | | | | | | | | | | | | | | | X | | | | | | | | X |
| S | Fortune Bancorp (IRA) | | | X | | | | | | | | | | | | | | | X | | | | | | | | X |
| JT | Innovet Inc. | | | X | | | | | | | | | | | | | | | X | | | | | | | | X |
| | Karantonis Mortgage Banana St. Property, Tarpon Spgs | | | | X | | | | | | | | | X | X | | | | | | X | | | | | | X |
| | Fortune Bank (IRA) | | | X | | | | | | | | | | | | | | | X | | | | | | | | X |
| S | IBM (IRA) | | | X | | | | | | | | | | | | | | | | | | | | | | | X |

Reporting Individual's Name: Michael Bilirakis

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| S | Innovet Inc (IRA) (Net Loss) | X | X | | 02-18-92<br>11-10-92 | X<br>X | | | | | | |
| S | Fortune Bancorp (IRA) | X | | | 11-10-92 | X | | | | | | |
| S | International Business Machines (IRA) | X | | | 12-15-92 | X | | | | | | |
| S | Wellcome PLC (IRA) | | X | | 11-10-92 | X | | | | | | |
| JT | Innovet Inc | X | | | 2-10-92 | X | | | | | | |
| S | Palm Beach County Bonds (called) | | X | | 9-2-92 | X | | | | | | |
| S | City of Albuquerque Bonds (called) | | X | | 2-1-92 | X | | | | | | |
| | Wellcome PLC (IRA) | | X | | 11-10-92 | | X | | | | | |
| | Fortune Bancorp (IRA) | X | | | 11-10-92 | X | | | | | | |
| | International Business Machines (IRA) | X | | | 12-15-92 | | X | | | | | |
| | Sold inherited house to Karantonis (net loss) | | X | | 7-24-92 | | X | | | | | |
| | Sold business bldg, 1013 Bartelt Rd., Holiday, FL | | X | | 8-92 | | X | | | | | |
| | Innovet Inc (IRA) | X | | | 2-18-92 | X | | | | | | |
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Reporting Individual's Name: Michael Bilirakis

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | Barnett Bank, Holiday, FL | 1017 Bartelt Mortgage - Law Office Bldg | | | X | | | | |
| JT | Peoples State Bank, New Port Richey, FL | Personal loan (paid off in 1992) | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name

Michael Bilirakis

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Nat. Assn of Broadcasters | April 11-14, 1992 | Tampa, FL to Las Vegas & return | Y | Y | Spouse | 0 |
| | Florida Telephone Assn | May 30-June 1,92 | Tampa-Miami-Washington | Y | Y | Spouse | 0 |
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| Reporting Individual's Name |
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| Michael Bilirakis |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
| President/Director | Pinellas Fish & Chips & Holiday Fish & Chips (closely held Corporation) |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
| | NONE | |
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GPO: 1992 OG-036A (PM)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

MAY 17

Lucien Edward Blackwell
(Full Name)

410 Cannon House Office Building
(Mailing Address)

202-225-4001
Daytime Telephone

Washington, D.C. 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: PA District: 2nd CD | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

(9)

HAND DELIVERED
(Office Use Only)

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## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| Lucien E. Blackwell | 05-15-93 |

Reporting Individual's Name
Lucien Edward Blackwell

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | City Council of Philadelphia, Philadelphia, PA | Salary | |
| | City Council of Philadelphia, Philadelphia, PA | Spouse Salary | |
| | International Long Shoreman's Association Locall 1332 | Salary | |
| | P.O. Box 2408, Philadelphia, PA | | |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Lucien Edward Blackwell

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| None | | | | |
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**Reporting Individual's Name**
Lucien Edward Blackwell

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | Savings Acct - CoreState Bank | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Checkings Acct - CoreState Bnk Centre, Square, Phila., PA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Philadelphia Federal Credit Un | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Lucien Edward Blackwell

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | SEE PAGE FOUR | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Schedule III—Continuation

Reporting Individual's Name
Lucien Edward Blackwell

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | NONE | | | | | | | | | | | |
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Reporting Individual's Name

Lucien Edward Blackwell

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |
| | | |
| | | |
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| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

Lucien Edward Blackwell

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| NONE | | | | | | | |
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| Reporting Individual's Name |
| --- |
| Lucien Edward Blackwell |

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
| NONE | |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
| NONE | | |
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GPO: 1982 50-535A (pm)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

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OFFICE OF RECORDS & REGISTRATION
1993 JUN -4 AM 11: 25
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

Lucien Edward Blackwell
(Full Name)

410 Cannon House Office Building (202) 225-4001
(Mailing Address) Daytime Telephone

Washington, D.C. 20011

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Penn. District: 2nd CD | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [X] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Lucien E. Blackwell

**DATE (Month, Day, Year)** 5-27-93

Reporting Individual's Name

Lucien Edward Blackwell

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | City Council of Philadelphia, Phila., PA | Salary | - 0 - |
| | City Council of Philadelphia, Phila., PA | Spouse Salary | |
| | International Longshoremen's Association Local 1332 | Salary | - 0 - |
| | P.O. Box 2408, Philadelphia, PA | | |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

Lucien Edward Blackwell

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| None | | | | |
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Reporting Individual's Name
Lucien Edward Blackwell

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | Savings Acct, CoreStates Bank | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| JT | Checkings Acct, CoreStates Bank Centre Square, Phila | | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | |
| JT | Phila Fed. Credit Union | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Lucien Edward Blackwell

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | SEE PAGE FOUR | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Reporting Individual's Name
Lucien Edward Blackwell

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | NONE | | | | | | | | | | | |
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Reporting Individual's Name
Lucien Edward Blackwell

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | NONE | | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs Joseph H Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name
Lucien Edward Blackwell

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| NONE | | | | | | | |
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| Reporting Individual's Name |
|---|
| Lucien Edward Blackwell |

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| NONE | |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| NONE | | |
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GPO. 1992 50-836A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 13 PM 3:08

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HAND DELIVERED
(Office Use Only)

THOMAS J. BLILEY, JR.
(Full Name)

2241 Rayburn House Office Building — 202 - 225-2815
(Mailing Address) — Daytime Telephone

Washington, D. C. 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Virginia District: Third/Seventh | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Tom Bliley

**DATE (Month, Day, Year)** May 13, 1993

Reporting Individual's Name

THOMAS J. BLILEY, JR.

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| The Tobacco Institute | Speech | January 17,1992 | $2,000 |
| Smokeless Tobacco Council, Inc. | Speech | January 22, 1992 | $1,000 |
| Grocery Manufacturers of America | Speech | March 4, 1992 | $2,000 |
| Nonprescription Drug Manufacturers Association | Speech | March 19, 1992 | $500 |
| RJR Nabisco | Speech | March 25, 1992 | $2,000 |
| Aluminum Association | Speech | March 26, 1992 | $1,000 |
| Philip Morris Companies, Inc. | Article | April, 1992 | $500 |
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Reporting Individual's Name
THOMAS J. BLILEY, JR.

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | | Transaction (X) |
| | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | American Home Products Stock | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | | |
| | Burlington Northen, Inc. Stock | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Burlington Resources, Inc Stock | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Cigna Corporation Stock | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | CSX Corporation Stock | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Chesapeake Corporation Stock | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: THOMAS J. BLILEY, JR.

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| Crestar Financial Corporation Stock | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | | |
| Dominion Resources, Inc. VA Stock | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | |
| Dow Chemical Company Stock | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | |
| El Paso Natural Gas Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| Ethyl Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| GTE Corporation Stock | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | |
| Home Beneficial Corporation Stock | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | |
| Jefferson Bankshares, Inc. Stock | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| Media General, Inc. Stock | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| *Nationsbank Corporation Stock | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | | |
| Reynolds Metals Company Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Telefonos De Mexico Stock | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | |
| BB&T Financial Stock | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| Jefferson National Bank - Checking | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| Alliance Tax Exempt Reserves | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |

*formerly

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: THOMAS J. BLILEY, JR.

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST / QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 / over $1,000,000 | |
| Capitol Regional Airport Bonds | | | | X | | | | | | | | | X | | | | | | | | X | | | | | |
| Fairfax County,Va. Municipal Bonds | | | | X | | | | | | | | | X | | | | | | | X | | | | | | |
| Norfolk Va.,West.Cant. Municipal Bds. | | | X | | | | | | | | | | X | | | | | | X | | | | | | | |
| West Point,Va., Municipal Bonds | | | | X | | | | | | | | | X | | | | | | | X | | | | | | |
| Winchester, Va.,West Cant.Munici.Bds. | | | | X | | | | | | | | | X | | | | | | | X | | | | | | |
| U. S. Treasury Notes | | | | | X | | | | | | | | X | | | | | | | | X | | | | | |
| Joseph W.Bliley Real Estate Corp Stock | | | X | | | | | | | | | | | | | None | X | | | | | | | | | |
| The New Economy Fund (Keogh) | | | | X | | | | | | | X | | | X | | | | | | X | | | | | | |
| IRA-Alliance Capitol Reserve Money Market Fund/Government Securities | | | | X | | | | | | | | | X | | | | | | | X | | | | | | |
| Prudential Insurance | | | X | | | | | | | | X | | | | | | | | X | | | | | | | |
| 2505 Winston Court, Glen Allen, Va. | | | | | X | | | | | | | X | | | | | | | | X | | | | | | X |
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Schedule III—Continuation

Reporting Individual's Name
THOMAS J. BLILEY, JR.

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | El Paso Natural Gas Stock Spinoff from Burlington Resources | | | | 1992 | | | | | | | |
| | Amount of Transaction $476.03 | | | | | | | | | | | |
| | Jefferson Bankshares, Inc. Stock | | x | | 3/17/92 | x | | | | | | |
| | BB&T Financial Stock | x | | | 3/10/92 | x | | | | | | |
| | House - 2805 Winston Court, Glen Allen, Virginia | x | | | 6/1/92 | | | x | | | | |
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Reporting Individual's Name

THOMAS J. BLILEY, JR.

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Examples: Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| Examples: ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| United States Tobacco Company - Jack Africk Charity Pro-Am Tennis Tournament | Jan. 2-4 | Washington,D.C.-Boca Raton, Florida-Washington,D.C. | Y | Y | Spouse | N |
| The Tobacco Institute - Speech | Jan.16-19 | Wash.D.C.-Palm Springs,Ca. -Washington, D.C. | Y | Y | Spouse | N |
| The Jewish Community Federation of Richmond - fact-finding | Feb.8-17 | Richmond,Va.-Israel-Richmond, Va. | Y | Y | Spouse | N |
| Congressional Charity Tennis Tournament-White Sulphur Springs, West Virginia | March 6-8 | no transportation provided | Y | Y | Spouse | N |
| CSX Corporation - White Sulphur Springs, West Va.-Panel participation | May 23-26 | no transportation provided | Y | Y | Spouse | N |
| Philip Morris Companies, Inc. Roundtable seminar & Pro-Am Tennis Tournament | Sept.12-14 | Richmond, Va -New York,N.Y. -Washington, D.C | Y | Y | Spouse | N |
| | | | | | | |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 PM 4:47
U.S. HOUSE OF REPRESENTATIVES

(2)
MC HAND DELIVERED
(Office Use Only)

Peter I. Blute
(Full Name)

1029 Longworth House Office Building
(Mailing Address)

Washington, DC 20515
Daytime Telephone (202) 225-6101

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: Mass. District: 3 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [ ] | No [X] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

**SIGNATURE OF REPORTING INDIVIDUAL** — Peter I. Blute

**DATE (Month, Day, Year)** May 1993

Reporting Individual's Name
Peter I. Blute

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Commonwealth of Massachusetts | Salary for State Representative | 28,290 |
| | HVL Corporation | Spouse Salary | N/A |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE

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HAND DELIVERED

(Office Use Only)

Sherwood L. Boehlert
(Full Name)

1127 Longworth HOB
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: 202/225-3665

**Filer Status**: [X] Member of the U.S. House of Representatives — State: New York, District: 23rd — [ ] Officer or Employee — Employing Office:

**Report Type**: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

**SIGNATURE OF REPORTING INDIVIDUAL**: Sherwood L. Boehlert

**DATE (Month, Day, Year)**: 5/13/93

Reporting Individual's Name
Sherwood L. Boehlert

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | UST, Greenwich, CT | Speech | Feb. 10, 1992 | $2,000 |
| | Aetna Casualty & Property, Washington, D.C. | Speech | Aug. 6, 1992 | $500 |
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Reporting Individual's Name
Sherwood L. Boehlert

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT — Examples: S — ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| JT GPO Credit Union | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT General Money Market Fund | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT NBT Common Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT Marietta Common Stock | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| JT Limited Partnership Utica Baseball Club | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |
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For additional assets and unearned income, use next page

Reporting Individual's Name
Sherwood L. Boehlert

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel-related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | UST Eagle Invitational Golf Tournament, Palm Beach, FL | Feb. 9-11 | Wash., D.C.-Palm Beach FL-Wash., D.C. | Y | Y | None | N |
| | Danny Thompson Charity Golf Tournament, Sun Valley, ID | Aug. 20-22 | Wash., D.C.-Sun Valley ID-Wash., D.C. | Y | Y | None | N |
| | League of Conservation Voters, New York City, NY | Sept.15-16 | Utica, NY-New York City NY-Washington, D.C. | Y | Y | None | N |
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Reporting Individual's Name
Sherwood L. Boehlert

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Limited Partner | Utica Baseball Club |
| | |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | NONE | |
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GPO: 1992 50-535A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 PM 3:23
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC (6)

(Office Use Only)

John Andrew Boehner
(Full Name)

7471 Sleepy Hollow Drive
(Mailing Address)

(202) 225-6205
Daytime Telephone

West Chester Ohio 45069

| | | | |
|---|---|---|---|
| **Filer Status** | [x] Member of the U.S. House of Representatives | State: Ohio District: 8 | [ ] Officer or Employee — Employing Office: |
| **Report Type** | [x] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [x] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [x] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [x] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [x] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [x] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [x] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [x] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [x] | No [ ] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [x] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [x] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [x] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.) The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

| | |
|---|---|
| **SIGNATURE OF REPORTING INDIVIDUAL** John A. Boehner | **DATE (Month, Day, Year)** May 14, 1993 |

Reporting Individual's Name

John Andrew Boehner

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude. Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U S Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Nucite Sales Inc Stock | | | | | | | | | | X | | X | | | | | | | | | | | | | | | | | | |
| | Nucite Sales, Inc, Pension Plan Trust | | | | | | | | X | | | | | | | | | | n/a | X | | | | | | | | | | | |
| | Nucite Sales, Inc, Profit Sharing Trust | | | | | | | | X | | | | | | | | | | n/a | X | | | | | | | | | | | |
| | State of Ohio Public Employee Retirement Plan | | | | | X | | | | | | | | | | | | | n/a | X | | | | | | | | | | | |
| | State of Ohio Deferred Compensation Plan | | | | | | X | | | | | | | | | | | | n/a | X | | | | | | | | | | | |
| | Friends Of John Boehner Campaign Loan | | | | | | X | | | | | | | | | | | | n/a | X | | | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John Andrew Boehner

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| 7908 Cinti.-Day. Rd., Suite I West Chester, OH Office Bldg. | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | |
| Rolling Ridge Assoc. Real Estate Lmt. Partnership | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | |
| owns Rolling Ridge Apts Montana Ave., Cincinnati, Ohio | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gradison & Co. Mutual Fund | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | |
| First National Bank of Southwestern Ohio Accounts | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| Wright Patman Federal Employees Credit Union Account | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |

Reporting Individual's Name: John Andrew Boehner

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Banc One Middletown, Ohio | Mtg. on West Chester Office Bldg. | | | x | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs Joseph H Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

John Andrew Boehner

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Congressional Charity Tennis Tournament, Inc. | 3/6-8 | Cin. OH - Greenbrier, W.Va. - Cin. OH | Y | Y | Spouse | N |
| | Ohio Bell - Ameritech Senior Golf Tour. (Charity) | 7/14-16 | Cin. OH - Chicago. IL - Cin. OH | Y | Y | Spouse | N |
| | Danny Thompson Memorial Golf Tournament | 8/20-23 | Houston TX - Sun Valley ID | Y | Y | Spouse | N |
| | Delta Airlines Utah Cong. Golf Challenge (Charity) | 8/23-26 | Sun Valley ID - Park City. UT - Cin. OH | Y | Y | Spouse | N |
| | Congressional Charity Golf Tournament Inc | 11/6-8 | Cin. OH - Greenbrier, W.Va. - Cin. OH | | | Spouse | N |
| | Congressional Institute (Class Conference) | 12/4-6 | Wash. D.C. - Williamsburg VA - D.C. | Y | Y | Spouse | N |
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| Reporting Individual's Name |
| --- |
| John Andrew Boehner |

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
| Director<br>Non-comp. | Nucite Sales Inc. |
| Limited Partner | Nucite Sales LP |
| Limited Partner | Rolling Ridge Associates |
| Director - Non-comp. | American Heart Association Middletown, OH chapter |
| | |
| | |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
| | Nucite Sales Inc.<br>Pension and Profit Sharing Plans | Continued Interest<br>No Additional Contribution |
| | State of Ohio<br>Pension and Deferred Comp Plan | Continued Interest<br>No Additional Contribution |
| | Nucite Sales LP<br>Partnership Agreement | Limited Partnership |
| | | |
| | | |
| | | |

GPO: 1992 50-535A (#4)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 17 PM 1:46
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

✓ HAND DELIVERED
MC
(Office Use Only)

John Andrew Boehner
(Full Name)

7471 Sleepy Hollow Drive (202) 225-6205
(Mailing Address) Daytime Telephone

West Chester Ohio 45069

| | | | |
|---|---|---|---|
| **Filer Status** | [x] Member of the U.S. House of Representatives | State: Ohio District: 8 | [ ] Officer or Employee — Employing Office: |
| **Report Type** | [ ] Annual (May 15) | [x] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [ ] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [ ] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [ ] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [ ] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [ ] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** John A. Boehner **DATE (Month, Day, Year)** May 14, 1993

Reporting Individual's Name

John Andrew Boehner

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Examples: Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| Examples: ABC Corporation | Aug. 8-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| Congressional Charity (***) Tennis Tournament, Inc. | 3/6-8 | Cin. OH - Greenbrier, W.Va. - Cin. OH | Y | Y | Spouse | N |
| Ohio Bell - Ameritech Senior Golf Tour. (Charity) | 7/14-16 | Cin. OH - Chicago. IL - Cin. OH | Y | Y | Spouse | N |
| Danny Thompson Memorial Golf Tournament | 8/20-23 | Houston TX - Sun Valley ID | Y | Y | Spouse | N |
| Delta Airlines Utah Cong. Golf Challenge (Charity) | 8/23-26 | Sun Valley ID - Park City. UT - Cin. OH | Y | Y | Spouse | N |
| Congressional Charity (***) Golf Tournament Inc. | 11/6-8 | Cin. OH - Greenbrier, W.Va. - Cin. OH | Y | Y | Spouse | N |
| Congressional Institute (Class Conference) | 12/4-6 | Wash. D.C. - Williamsburg VA - D.C | Y | Y | Spouse | N |
| *** Travel to Greenbrier, W.Va. for the Congressional Golf and Tennis Tournaments was at own expense | | | | | | |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 13 AM 10: 09

HENRY BONILLA
(Full Name)

15643 CLOUD TOP
(Mailing Address)

SAN ANTONIO, TX 78248
Daytime Telephone: (202) 225-4511 Ask for Cindy

HAND DELIVERED (10)
MC
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: TX District: 23 | [ ] Officer or Employee | Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** HBonilla

**DATE (Month, Day, Year)** May 12, 1993

Reporting Individual's Name
HENRY BONILLA

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $8,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | KENS-TV San Antonio, TX | Executive Producer | $ 14,416.76 |
| | KENS-TV San Antonio, TX | Spouse Salary | N/A |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

HENRY BONILLA

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | | | | |
| | * Not a member of the U.S. House of Representatives | | | |
| | during the preceding calendar year. | | | |
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Reporting Individual's Name
HENRY BONILLA

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | USAA Income Stock Fund San Antonio, TX | | | X | | | | | | | | X | | | X | | | | | X | | X | | | | | | | | |
| | USAA Federal Savings Bank San Antonio, TX | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | USAA Life and Annuity Company San Antonio, TX | | | | X | | | | | | | | | X | | | | | N/A- IRA's | | | | | | | | | | | |
| | Commonwealth Federal Savings Bank Philadelphia, PA | | | X | | | | | | | | | | X | | | | | N/A- IRA's | | | | | | | | | | | |
| | Merrill Lynch - Trusts | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | | |
| | Merrill Lynch - IRA | | | | | | X | | | | | X | | | | | | | N/A- IRA's | | | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: HENRY BONILLA

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | S, DC, JT | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| Balt Gas Elec (BGE) | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Chemical Banking CP (CHL) | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Det Edison Co (DTE) | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| Entergy Corp (ETR) | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | |
| Muniyield Fund Inc (MYD) | | | | | | X | | | | | | X | | | X | | | | | | | X | | | | | | | |
| Genl Publ Utilities (GPU) | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Illinois Pwr Co (IPC) | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Lubys Cafeterias Inc Del (LUB) | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| MCI Communictn Corp (MCIC) | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| Niag Mohawk Pwr Corp (NMK) | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Nipsco Industries Inc. (NI) | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| PSI Resources Inc. (PIN) | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Stone Container Corp (STQ) | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| ML Media Partners LP 85 | | | | | X | | | | | | | | | | | | | Partnership Income | X | | | | | | | | | | |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: HENRY BONILLA

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| Ash Park East Associates 2835 W. Chester Pike, Broomall PA | | X | | | | | | | | | | | | | | | Partnership Income | | X | | | | | | | | |
| Texans for Henry Bonilla San Antonio, TX | | | | X | | | | | | | | | | | | | | | X | | | | | | | | |
| GTE Corp | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| ML Municipal Bond Fund | X | | | | | | | | | | X | | | | | | | | | | | | X | | | | |
| Mellon Bank | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| NL Corp Bond Fund | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| Long Island Lighting | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | |

Reporting Individual's Name
HENRY BONILLA

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | * Not a member of the U.S. House of Representatives during the preceding calendar year. | | | | | | | | | | | |

Reporting Individual's Name
HENRY BONILLA

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | CitiBank Visa | Revolving Charge Account | X | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependant child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| * Not a member of the U.S. House of Representatives during the preceding calendar year. | | |
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Use additional sheets if more space is required.

Reporting Individual's Name

HENRY BONILLA

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–26.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | | | | | | | |
| | * Not a member of the U.S. House of Representatives during the preceding calendar year. | | | | | | |
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Reporting Individual's Name
HENRY BONILLA

## SCHEDULE VIII – POSITIONS - NONE

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
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## SCHEDULE IX – AGREEMENTS NONE

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO: 1983 O-433A (pb)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

MAY 17 1 3 01

(9)

HAND DELIVERED
mc
(Office Use Only)

David Edward Bonior
(Full Name)

23 - Dickinson - Unit E
(Mailing Address)

Mount Clemens, Michigan 48043

Daytime Telephone: 202-225-2106

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [x] Member of the U.S. House of Representatives | State: Michigan District: 10th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [x] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes | [x] | No | [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes | [x] | No | [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes | [x] | No | [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes | [x] | No | [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes | [ ] | No | [x] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes | [ ] | No | [x] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes | [ ] | No | [x] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** David E. Bonior

**DATE (Month, Day, Year)** May 14, 1993

Reporting Individual's Name

David Edward Bonior

## SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | U. S. House of Representatives | Spouse Salary | N/A |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

David Edward Bonior

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| American Federation of Ramallah, Palestine in Livonia,MI | Speech | March 21,1992 | $ 1,000 |
| Philip Morris Companies, Inc. | Speech | March 25, 1992 | $ 2,000 |
| Campbell-Raupe, Inc. | Speech | April 27, 1992 | $ 1,000 |
| National Cable Television Association | Speech | May 2, 1992 | $ 1,500 |
| The Connell Company | Speech | May 11, 1992 | $ 2,000 |
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**Reporting Individual's Name**
David Edward Bonior

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | Examples: George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Examples: 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Wright Patman Cong. Fed. Credit Union | | | x | | | | | | | | | | x | | | | | | x | | | | | | | | | | |
| S | Wright Patman Cong. Fed. Credit Union | | | x | | | | | | | | | | x | | | | | | x | | | | | | | | | | |
| S | Wright Patman Cong. Fed. Credit Union | | | | x | | | | | | | N/A | - | IRA | | | | | N/A | - | IRA | | | | | | | | | |
| S | Mutual Fund - Keystone S-4 | | | | x | | | | | | | | | | x | | | | | | | | | x | | | | | | X |
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For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: David Edward Bonior

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
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Reporting Individual's Name: David Edward Bonior

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO. DAY. YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| S | Keystone Series S-4 Mutual Fund | Reinvestment of Capital Gains | | | 7-1-92<br>12-1-92 | x | | | | | | |

Page 6 of 9

Schedule IV

Reporting Individual's Name

David Edward Bonior

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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**Use additional sheets if more space is required.**

Reporting Individual's Name

David Edward Bonior

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Association of Trial Lawyers | Dec.29,1991 thru Jan.14,1992 | Washington,D.C.-Ft. Lauderdale-Detroit | Yes | Yes | Spouse | 13 days |
| | Sun Diamond Growers of California | Jan.18,1992 thru Jan.21,1992 | Washington,D.C.-Orlando-Washington, D. C. | Yes | Yes | None | None |
| | Turner Broadcasting System, Inc. Capital Gang Show | Feb.1,1992 | New York City,NY-Washington,D.C.-New York City | No | No | None | None |
| | Seafarers International Union | Feb.10,1992 thru Feb.11,1992 | Washington,D.C.-Ft.Lauderdale-Miami-Detroit | No | No | None | 3 Days |
| | Malcolm M. Knapp, Inc. | April 10,1992 thru April 12,1992 | Washington,D.C.-Atlanta-Brunswick,Georgia | Yes | Yes | Spouse | None |
| | National Cable Television Assn. | May 2,1992 thru May 5,1992 | New York City-Dallas-Washington, D. C. | Yes | Yes | Spouse | 2 Days |
| | The Connell Company | May 11,1992 thru May 12,1992 | Detroit-New York City-Newark-Washington,D.C. | No | No | Spouse | 1 Day |
| | Chicago Mercantile Exchange | May 17,1992 thru May 18,1992 | Detroit-Chicago-Washington, D. C. | Yes | Yes | None | None |
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| Reporting Individual's Name |
|---|
| David Edward Bonior |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Trustee | Gallaudet University |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 28.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO: 1982 50-535A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 17 AM 9:23

U.S. HOUSE

(1)

Robert A. Borski
(Full Name)

2161 RHOB
(Mailing Address)

202/225-9251
Daytime Telephone

Washington, DC 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [x] Member of the U.S. House of Representatives | State: PA District: 3rd | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [x] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

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HAND DELIVERED

(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [x] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [x] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [x] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [x] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [ ] | No [x] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [x] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [x] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [x] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [x] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [x] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [x] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| Robert A. Borski | 5/13/93 |

Reporting Individual's Name

Robert A. Borski

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

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| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D C —Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Congressional Econ Leadership Institute | 1/22-1/24 | Phil, PA, Austin, Tx, San Jose, Ca., Phil, PA | y | y | none | none |
| | Railway Progress Instit | 2/2-2/16 | Phil, Pa, Miami, Fla, - Phil, Pa | Y | Y | Spouse | 2 |

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Schedule VII

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 21 PM 3:4'

U.S. HOUSE OF REPRESENTATIVES

(2)

HAND DELIVERED

MC

(Office Use Only)

Robert A. Borski
(Full Name)

2161 RHOB
(Mailing Address)

202/225-8251
Daytime Telephone

Washington, DC 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [ ] Member of the U.S. House of Representatives | State: PA District: 3rd | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [ ] Annual (May 15) | [X] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [ ] | No [X] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| | |
|---|---|
| **SIGNATURE OF REPORTING INDIVIDUAL** Robert A. Borski | **DATE (Month, Day, Year)** 5/20/93 |

Reporting Individual's Name

Robert A. Borski

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

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| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Congressional Economic Leadership Institute | 1/22-1/24 | Phil, PA, Austin, Tx, San Jose, CA., Phil., PA | Y | Y | none | none |
| | Railway Progress Institute | 2/12-2/16 | Phil, PA, Miami, Fla - Phil, Pa | Y | Y | Spouse | 2 |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY -5 PM 4:28
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(4) HAND DELIVERED

MC
(Office Use Only)

Frederick C. Boucher
(Full Name)

2245 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-3861

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: VA District: 9 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
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| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) | Yes [ ] | No [X] |

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SIGNATURE OF REPORTING INDIVIDUAL: Frederick C. Boucher

DATE (Month, Day, Year): May 6, 1993

Reporting Individual's Name
Frederick C. Boucher

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| | Nationsbank Checking Account | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | First Virginia Bank- Savings Account | | | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | |
| | Individual Retirement Account at First Virginia Bank | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | First Virginia Preferred Stock | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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For additional assets and unearned income, use next page

Reporting Individual's Name

Frederick C. Boucher

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Keystone Center | Apr. 2-4 | Wash, DC-Keystone, CO-Wash, DC | Y | Y | None | None |
| | Keystone Center | Jan. 5-8 | Wash, DC-Denver,CO-Wash, DC | Y | Y | None | None |
| | US Telephone Association | Nov. 12-14 | Wash, DC-Key West, FLA-Wash, DC | Y | Y | None | None |
| | Lighthawk | Aug. 20-21 | Wash, DC-Seattle, WA-Wash, DC | Y | No | None | None |
| | Virginia Bankers Association | June 20-21 | Wash, DC-White Sulpher Springs, WVA-Wash, DC | Y | Y | None | None |
| | National Coal Association | Mar.-13-15 | Wash, DC-Palm Beach, FLA-Wash, DC | Y | Y | None | None |
| | Leaf Tobacco Exporters Association | May 23-24 | Wash, DC-White Sulpher Springs, WVA-Wash,DC | Y | Y | None | None |
| | Amvest Corporation | Oct. 18-19 | Wash, DC-Charlottesville, VA-Wash, DC | Y | Y | None | None |
| | National Broadcasting Corporation | Nov. 7-9 | Wash, DC-Hamilton, Bermuda-Wash, DC | Y | Y | None | None |
| | Tobacco Institute | Jan. 16-18 | Wash, DC-Indian Wells, CA-Wash, DC | Y | Y | None | None |
| | | | | | | | |
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| Reporting Individual's Name |
| --- |
| Frederick C. Boucher |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
| Member, Board of Directors | First Virginia Bank-Mt. Empire |
| Member, Board of Directors | The Nature Conservancy of Virginia |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
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GPO: 1992 50-535A (m)

RICK BOUCHER
9TH DISTRICT, VIRGINIA

COMMITTEES
ENERGY AND COMMERCE
JUDICIARY
SCIENCE, SPACE, AND TECHNOLOGY
CHAIRMAN, SUBCOMMITTEE ON SCIENCE
ASSISTANT MAJORITY WHIP

INSIDE MAIL

RECEIVED

Congress of the United States
House of Representatives
Washington, DC 20515-4609

WASHINGTON OFFICE
2245 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4609
(202) 225-3861
(202) 225-0442 FAX

CONSTITUENT SERVICE OFFICES
188 EAST MAIN STREET
ABINGDON, VA 24210
(703) 628-1145

311 SHAWNEE AVENUE, EAST
BIG STONE GAP, VA 24219
(703) 523-5450

112 NORTH WASHINGTON AVENUE
P.O. BOX 1288
PULASKI, VA 24301
(703) 980-4310

1993 JUN -3 AM 8:46
COMMITTEE ON STANDARDS

1993 JUN -3 AM 9:03
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

May 27, 1993

(1)

MC

The Honorable Jim McDermott
Chairman
Committee on Standards of
Official Conduct
Suite HT-2, The Capitol
Washington, DC 20515-6328

Dear Mr. Chairman:

By this letter I am amending my Financial Disclosure Form for 1992 by adding in Schedule III - Assets and Unearned Income the following:

Lot in the Town of Damascus
Year End Value: $1,100 - $15,000
No income was earned from this asset in 1992

I would appreciate your placing this letter with my Financial Disclosure Form. If additional information is needed concerning this matter, please contact me. With kind regards, I remain

Sincerely,

Frederick C. Boucher
Member of Congress

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 14 AM 10: 52

HAND DELIVERED

MC (8)

(Office Use Only)

BILL K. BREWSTER
(Full Name)

P.O. BOX 368, MARIETTA, OKLAHOMA 73448 (405)276-5525
(Mailing Address) Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | [x] Member of the U.S. House of Representatives — State: OK District: 3rd | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [x] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [x] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [x] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [x] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [x] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [x] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [x] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [x] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [x] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [x] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [x] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [x] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| Bill K. Brewster | May 14, 1993 |

Reporting Individual's Name
BILL K. BREWSTER

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Suzie Brewster Associates | Spouse income | NA |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

BILL K. BREWSTER

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| Oklahoma Good Roads & Streets Association | speech | October 15, 1992 | $ 250 |
| True Value Pharmacies | speech | August 1, 1992 | $ 500 |
| Oklahoma School Boards Association | speech | May 30, 1992 | $ 500 |
| Smokeless Tobacco Council | appearance | May 26, 1992 | $1000 |
| Alco Health Service Corporation | speech | March 2, 1992 | $1000 |
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Reporting Individual's Name

BILL K. BREWSTER

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: S | ABC Corporation Stock | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | Durant Bank & Trust - Savings Durant, OK | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | Rental Property - So. Hwy.77 Marietta, OK | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | | Rental Property -(Lumber Yard) Marietta, OK | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | | Brewster Angus Farm - including livestock, equipment | | | | | | X | | | | | | | | | | cattle sales | | | | | | X | (gross) | | | | |
| | | 40 acres mineral interest Washita Co., OK | | | | X | | | | | | | | | | | | royalties | X | | | | | | | | | | |
| | | Boatmen's First Nat'l. Bank - Tax exempt bonds | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: BILL K. BREWSTER

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT — You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST / QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| Brewster Thoroughbred Farm | | | | x | | | | | | | none | | | | | | x | | | | | | | | | |
| Houston Industries | | | | x | | | | | | | x | | | | | | | | | x | | | | | | |
| Texas Utilities | | | x | | | | | | | | x | | | | | | | | x | | | | | | | |
| IRA First Texas Bancorp -Savings | | | x | | | | | | | | | | | | | | x | | | | | | | | | |
| First Texas Bancorp Stock | | x | | | | | | | | | | | | | | | x | | | | | | | | | |
| GTE | | | x | | | | | | | | x | | | | | | | | x | | | | | | | |
| ARKLA | | | x | | | | | | | | x | | | | | | | x | | | | | | | | |

Reporting Individual's Name

BILL K. BREWSTER

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | First Bank of Marietta, Marietta OK (pd off '92) | personal loan | | x | | | | | |
| | Exchange National Bank, Ardmore, OK (pd off '92) | Mortgage on RE bldg, Hwy77,Marietta | | x | | | | | |
| | Durant Bank & Trust, Durant, OK (refinanced '92) | Mortgage on RE bldg, Hwy77, Marietta personal loan | | x | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name

BILL K. BREWSTER

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Examples: Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| Examples: ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| Nat'l. Wholesale Drug Assoc. panelist | Nov.15-18 | Dallas-SanDiego-Dallas | Y | Y | spouse | n |
| Public Securities Assoc. Awards Dinner | Oct. 19-20 | Wash.DC-NYC-Wash.DC | Y | Y | spouse | n |
| Petroleos de Venezuela-USIA Approved exchange program Venezuelan-U.S.Natural Res. | Aug.30-Sep4 | Wash.DC-Caracas-Wash,DC | Y | Y | none | n |
| True Quality Pharmacies speech | Aug.1-2 | OkCity-Ft.Worth-OkCity | Y | Y | none | n |
| Dutko Associates - fact finding | June 26 | Wash,DC-Tulsa-Wash,DC | N | Y | none | n |
| Southeast Tourism Society panelist | June 12-14 | Wash,DC-Virginia Beach-Wash,DC | Y | Y | spouse | n |
| Nat'l.Wholesale Druggists Assoc. - moderator | June 1-2 | Wash,DC-Chantilly,VA-Wash,DC | Y | Y | spouse | n |
| Public Securities Assoc. speech | May 1-3 | Wash,DC-White Sulpher Spr. Wash,DC | Y | Y | spouse | n |
| National Rifle Assoc. Bd. of Dir. mtg | Apr.25-28 | OkCity-SaltLakeCity-OkCity | Y | Y | none | n |
| Electronic Industry Assoc. speech | Apr.13-16 | OkCity-Captiva-OkCity | Y | Y | spouse | n |
| Alco Health Service Corp. speech | Mar.1-3 | PalmBeach-Tampa-Wash,DC. | Y | Y | spouse | n |
| American Medical Association speech | Feb.27-Mar.1 | Wash,DC-PalmBeach,Fl. | Y | Y | spouse | n |
| Pharmaceutical Mfg.Assoc. speech | Feb.14-16 | Wash,DC-Orlando,Fl-Wash,DC. | Y | Y | spouse | n |
| National Wholesale Druggists Assoc. - speech | Jan.31-Feb.2 | Wash,D.C.-Palm Sprg,Ca-Wash.DC | Y | Y | spouse | n |

This page may be copied if more space is required.

| Reporting Individual's Name |
|---|
| BILL K. BREWSTER |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Partner | Brewster Thoroughbred Farm (see Schedule III) |
| Board Member | National Rifle Association (uncompensated) |
| | |
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| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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GPO: 1988 80-336A (pn)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(8)

1993 MAY 17 AM 11: 11

HANDDELIVERED (Office Use Only)

Jack Brooks
(Full Name)

2449 Rayburn Building
(Mailing Address)

202-225-6565
Daytime Telephone

Washington, D.C. 20515

**Filer Status**: [X] Member of the U.S. House of Representatives — State: Texas District: 9th — [ ] Officer or Employee — Employing Office:

**Report Type**: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [✓] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [✓] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [✓] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [✓] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [✓] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [✓] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [✓] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [✓] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [✓] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [✓] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [✓] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Jack Brooks

**DATE (Month, Day, Year)** MAY 13, 1993

Reporting Individual's Name

Jack Brooks

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $8,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | First Bank & Trust, Groves, TX | SPOUSE | NA |
| | First National Bank, Silsbee, TX | SPOUSE | NA |
| | First State Bank, Lumberton, TX | SPOUSE | NA |
| | Credit Life Insurance, Groves, TX | SPOUSE | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

Jack Brooks

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | A None | B Less than $1,001 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | over $1,000,000 | |
| S, DC, JT Examples: S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | First of Groves Corp., Groves,TX:stock | | | | | | | | X | | | X | | | | | | | | | | | | | | X | | | |
| | First National Bank,Silsbee,TX:stock | | | | | | | | X | | | | | | | | | | X | | | | | | | | | | X |
| | First State Bank, Lumberton,TX:stock | | | | | | | X | | | | X | | | | | | | | | | | X | | | | | | X |
| | W.F.Brooks Estate,Inc.Crowley,LA:stock | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | First Bank & Trust,Groves,TX:accounts | | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | |
| | First National Bank,SilsbeeTX:accounts | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jack Brooks

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| First State Bank,Lumberton,TX:account | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| Congressional Fed. Credit Union:account | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| Hamilton Assoc.,NY,NY,LTD Partnership real estate:office complex,Peapack,NJ | | | | | X | | | | | | | | | | | | X | | | | | | | | | | |
| Corley Freeway,LTD Partnership,Real estate:18 acres,Corley Ave.Beaumont,TX | | | X | | | | | | | | | | | | | | X | | | | | | | | | | X |
| Jasper Inn,LTD Partnership,Real estate: 5 ac.,motel/restrnt HWY 190&96 JasperTX | | | | X | | | | | | | | | | | | Pntnrship income | | | | | X | | | | | | |
| JBS Associates,Inc; one-third interest land: .962 ac.tract,W.Parkwy,Groves,TX | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| Neches Building Corp.,Silsbee,TX. 100% interest. Assets listed below: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neches Building Corp. asset: 100 acres, Kountze, TX | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| Neches Building Corp. asset: 3.139 acres, Nederland, TX | | | | | X | | | | | | | | | | | | X | | | | | | | | | | |
| Neches Building Corp. asset: Condominium:Woodbrook,College Stat.TX | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| Neches Building Corp. asset: Account,First Natl.Bank,Silsbee,TX | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| Jerry Rawls mortgage note.Real estate: McQueen Park Subdivision,Jasper,TX | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| Mineral rights, 160 acres, Jefferson County,TX ( .0102 interest) | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| 18 acres land, Jasper County, TX | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| 106.9 acres land, Polk County, TX | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: Jack Brooks

| S, DC, JT | BLOCK A Asset and/or Income Source: You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | BLOCK B Valuation of Asset: Year End Value (X) A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 117.4 acres land, Jefferson County,TX | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| | 13.12 acres land, Orange County, TX | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | 40 acres land, Newton County, TX | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | 3/4 acre land,San Augustine County,TX | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | House,barn and 262.2 acres land, Jasper County, TX | | | | | | | X | | | | | | | | | | | X | | | | | | | | | | |
| | Cabin and 16 acres land, Loudoun County,VA | | | | | | X | | | | | | | | | | | | X | | | | | | | | | | |
| S | SPOUSE Groves Employee Savings Plan | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| S | SPOUSE First Bank&Trust Groves Retirement Plan | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| DC | Kimberly G. Brooks Trust, Tyler, TX Assets: First of Groves stock; First State Bank,Lumberton stock; CD at FB & T, Groves,TX | | | | | | X | | | | | | | | | | | | X | | | | | | | | | | |
| DC | Wilson Grandchildren Trust,Fort Worth, Asset:CD/MM acct.at NCNB TX Natl.Bank | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| DC | Brooks Children Trust, Tyler, TX Asset:First of Groves stock. | | | | | | | X | | | | | | | | | | | X | | | | | | | | | | |
| | Overland Express Variable Rate Government Fund | X | | | | | | | | | | X | | | | | | | | | | | | X | | | | | X |
| | Thornburg Limited Term Municipal Fund-National | | | | | | X | | | | | | | | | | | | X | | | | | | | | | | X |
| | U.S.National Bank, Galveston,TX, Liquid Asset Trust | | | | | X | | | | | | X | | | | | | | | X | | | | | | | | | X |

Reporting Individual's Name

Jack Brooks

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | First National Bank of Silsbee: stock | X | | | 3-9-92 3-27-92 | | X | | | | | |
| | First State Bank of Lumberton: stock | X | | | seven transactions | | X | | | | | |
| | Overland Express Variable Rate Government Fund | X | | | 1-30-92 | | | X | | | | |
| | Overland Express Variable Rate Government Fund | | X | | 12-17-92 | | | X | | | | |
| | Thornburg Limited Term Municipal Fund-National | X | | | 12-29-92 | | | | X | | | |
| | U.S. National Bank, Galveston, TX Liquid Asset Trust | X | | | 12-21-92 | | | X | | | | |
| | Transaction of Corley Freeway LTD Partnership: 6.8 acres land | | X | | 7-3-92 | X | | | | | | |

Reporting Individual's Name: Jack Brocks

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | First City, Texas - Beaumont, N.A. | Investment loans | | | X | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

Jack Brooks

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Director | First of Groves Corporation, Groves, TX |
| Director | First Bank & Trust, Groves, TX |
| Director | First National Bank, Silsbee, TX |
| Director | First State Bank, Lumberton, TX |
| Vice-President | JBS Associates, Inc., Groves, TX |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
| | | |
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GPO: 1982 80-834A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 12 PM 3:52
CLERK, U.S. HOUSE OF REPRESENTATIVES

(3)

HAND DELIVERED

MC

(Office Use Only)

JOHN GLEN BROWDER
(Full Name)

1221 LONGWORTH HOB
(Mailing Address)

(202) 225-3261
Daytime Telephone

WASHINGTON, D.C. 20515

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives — State: AL District: THIRD | [ ] Officer or Employee | Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL: John Glen Browder — DATE (Month, Day, Year): 5/11/93

Reporting Individual's Name

JOHN G. BROWDEN

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | X | | | | | | | | | X | | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| | U.S. Treasuries (MOST IN IRA) | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| S | BALDWIN CTY., EASTERN SHORE Bond / STATE OF AL. MUNI. BONDS | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | WRIGHT PATMAN Credit Union (includes Dep. Child's Funds also) | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | |
| | TEACHERS RETIREMENT FUND N.Y. | | | | | | X | | | | | | | | | X | | | | N/A | | | | | | | | | |
| | TEACHERS RETIREMENT SYSTEM STATE OF ALABAMA | | | | | X | | | | | | | | | | X | | | | N/A | | | | | | | | | |
| | Founder's Funds - IRAs | | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name
JOHN G. BROWDER

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| Since 1987 on a year by year basis | SELF AND BOARD OF TRUSTEES, JACKSONVILLE STATE UNIVERSITY | LEAVE WITHOUT PAY OR BENEFITS FROM PRIOR TEACHING POSITION – |
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GPO: 1983 00-336A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 14 AM 11: 12

(5)

HAND DELIVERED

MC (Office Use Only)

Rep. Corrine Brown
(Full Name)

1037 Longworth H.O.B.
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone (202) 225-0123

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Florida District: (3) | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Corrine Brown

**DATE (Month, Day, Year)** May 15, 1993

Reporting Individual's Name
Rep. Corrine Brown

## SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $8,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | State of Florida, Tallahassee, Florida | Legislative Salary | $19,307.01 |
| | Florida Community College at Jacksonville (Fl) | Salary | $25,812.60 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

Rep. Corrine Brown

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; s/ny deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| | 1844 Willowood Drive Jacksonville, Florida | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | |
| | Gator Travel Agency, Inc. Gainesville, Florida | | | | | | | X | | | | | | | | | | | | X | | | | | | | | | |
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For additional assets and unearned income, use next page

Reporting Individual's Name

Rep. Corrine Brown

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Housing Investment, Inc. Jacksonville, Florida | Mortgage on 1844 Willowood Drive Jacksonville, Florida | | X | | | | | |
| | Barnett Bank of Florida | Loan - Personal | | | X | | | | |
| | First Union National Bank | Loan - Business | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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| | | |

**Use additional sheets if more space is required.**

| Reporting Individual's Name |
|---|
| Rep. Corrine Brown |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| President (uncompensated) | Gator Travel Agency, Inc, |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO: 1992 [illegible]

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 11 AM 8 11

GEORGE E. BROWN, JR.
(Full Name)

2300 RAYBURN HOUSE OFFICE BUILDING
(Mailing Address)

WASHINGTON, DC 20515 — Daytime Telephone: 202-225-6161

**Filer Status**: [ ] Member of the U.S. House of Representatives — State: CA District: 42 — [ ] Officer or Employee — Employing Office

**Report Type**: [ ] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

MC (9) (Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes | XX | No | | |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes | | No | XX | |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes | XX | No | | |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes | | No | XX | |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes | XX | No | | |
| Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes | | No | XX | |
| Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes | | No | XX | |
| Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes | | No | XX | |
| Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes | | No | XX | |
| Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | | | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes | | No | XX |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes | | No | XX |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.) The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

**SIGNATURE OF REPORTING INDIVIDUAL** George E. Brown Jr. — **DATE (Month, Day, Year)** 5/8/93

Reporting Individual's Name

GEORGE E. BROWN, JR.

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | | | |
| | STATE OF CALIFORNIA | LEGIS. PENSION | 6,000 |
| | SPOUSE U.S. GOVERNMENT | SALARY | 38,500 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

GEORGE E. BROWN, JR.

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | None | | | |

This page may be copied if more space is required.

Reporting Individual's Name

GEORGE E. BROWN, JR.

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None."

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| | TOPAZ DEVELOPMENT CO. - TRUST DEED | | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | |
| | UNIMPROVED LOT, TRACT 339, LOT 8 | | | | X | | | | | | | | N/A | | | | | | | N/A | | | | | | | | | |
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For additional assets and unearned income, use next page

Reporting Individual's Name
GEORGE E. BROWN, JR.

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | NO TRANSACTIONS | | | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: GEORGE E. BROWN, JR.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| S | 2695 W. SPRUCE, SAN BERNARDO, CA | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | |
| S | ~~SINGLE~~ FAMILY RESIDENCE - 2350 N. OSBUN RD., SAN BERNARDINO, CA | | | X | | | | | | | | | | N/A | | | | | | N/A | | | | | | | | |

Reporting Individual's Name
GEORGE E. BROWN, JR.

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | CONGRESSIONAL FED. CREDIT UNION | VISA | X | | | | | | |
| | CONGRESSIONAL FED. CREDIT UNION | LINE OF CREDIT LOAN | X | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| None | | |
| | | |
| | | |
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| | | |

**Use additional sheets if more space is required.**

Reporting Individual's Name

GEORGE E. BROWN, JR.

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | None | | | | | | |

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Reporting Individual's Name

GEORGE E. BROWN, JR.

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| | |
| None | |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | None | |
| | | |
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GPO: 1992 86-835A (#4)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 17 PM 3:55

Sherrod Brown
(Full Name)

3910 West Erie St. Apt. D-1
(Mailing Address)

Daytime Telephone: 202-225-3401

Lorain, Ohio 44053

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: OHIO, District: 13th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

HAND DELIVERED
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes | [X] | No | [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes | [ ] | No | [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes | [X] | No | [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes | [X] | No | [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes | [X] | No | [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefitting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes | [ ] | No | [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes | [ ] | No | [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Sherrod Brown

**DATE (Month, Day, Year)** 5/17/93

Reporting Individual's Name
Sherrod Brown

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Ohio State University | Teaching/Administrator | $11,000 |
| | Sherrod Brown Elections Enterprises, Inc. | Consulting | $ 4,900 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

Sherrod Brown

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| NONE | | | | |

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Reporting Individual's Name: Sherrod Brown

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST / QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| | Calvert Fund | | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Brownlea Farm | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | PERS | | | | | X | | | | | | | | | | | | NA | | | | | | | | | | | |
| | Nationwide Fund | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | IRA | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
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For additional assets and unearned income, use next page



Schedule III

Reporting Individual's Name
Sherrod Brown

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H Over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Bank One Stock | | X | | 7-92 | X | | | | | | |

Reporting Individual's Name

Sherrod Brown

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | NONE | | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name
Sherrod Brown

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| NONE | | | | | | | |
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| Reporting Individual's Name |
|---|
| Sherrod Brown |

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## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| NONE | |
| | |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
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GPO: 1982 50-538A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 17 PM 12: 24
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

**HAND DELIVERED**

mc (Office Use Only)

JOHN W. BRYANT
(Full Name)

205 Cannon House Office Building
(Mailing Address)

Washington, D. C. 20515
Daytime Telephone (202)225-2231

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|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: TEXAS District: 5 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

**SIGNATURE OF REPORTING INDIVIDUAL** John W. Bryant

**DATE (Month, Day, Year)** 5-14-93

Reporting Individual's Name

JOHN W. BRYANT

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| National Cable Tevelision Association | Roundtable discussion | May 3, 1992 | 1,500.00 |
| Grocery Manufacturers Association | Speech | July 8, 1992 | 1,000.00 |
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Reporting Individual's Name

JOHN W. BRYANT

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | American Holidays, Inc. Stock | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | 30% equity interest in Douglas & Chamberlain Limited | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | 70% equity interest in Douglas & Chamberlain Ltd. held by me solely as a trustee for the corporation | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | X |
| | House 7055 Day Street, Dallas, Texas | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| | Vanguard Starfund IRA | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page

| Reporting Individual's Name |
|---|
| JOHN W. BRYANT |

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H Over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Wright Patman Congressional Credit Union | Personal | X | | | | | | |
| | Standard Federal Savings, Denver, Colorado | Mortgage on 7055 Day Street, Dallas, Texas | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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**Use additional sheets if more space is required.**

Reporting Individual's Name

JOHN W. BRYANT

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Texas Daily Newspaper Association | March 23 | NO Transportation provided | Y | Y | None | None |
| | National Association Cable T.V. | May 1-3 | Wash.,D.C.-Dallas-Wash.D.C. | Y | Y | Spouse | 2 Days |
| | Texas Nature Conservancy | Nov.20-22 | No Transportation provided | Y | Y | Spouse | None |
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| Reporting Individual's Name |
| --- |
| JOHN W. BRYANT |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
| Chairman and President | Douglas and Chamberlain Ltd. |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
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GPO: 1982 86-035A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

Jim Bunning
(Full Name)

4 Fairway Drive
(Mailing Address)

Southgate, Kentucky 41071-3022

Daytime Telephone: 606/441-5895

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: KY District: 4th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [X] Amendment | [ ] Termination | Termination Date: |

1993 MAY 13 PM 3:26

MC (8)

NOW DELIVERED
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL**

**DATE (Month, Day, Year)** May 13, 1993

Reporting Individual's Name
Jim Bunning

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Major League Alumni Marketing | Group Endorsements | 43.72 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

Jim Bunning

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| The Tobacco Institute | Speech | Jan. 18, 1992 | $2,000.00 |
| Drew Gross Enterprises | Speech | Mar. 26, 1992 | 2,000.00 |
| Speakers Corner (Dave Boudouin) | Appearance at Baseball Card Show | Feb. 8, 1992 | 2,000.00 |
| U.S. Telephone Association | Speech | Apr. 25, 1992 | 1,000.00 |
| Commercial Financial Association | Speech | May 12, 1992 | 1,000.00 |
| American Horse Council | Speech | Jun. 1, 1992 | 1,000.00 |
| International Electronics Manufacturers and Consumers of America | Speech | Sep. 24, 1992 | 2,000.00 |
| Philip Morris, Inc. | Speech | Oct. 1, 1992 | 2,000.00 |
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Reporting Individual's Name
Jim Bunning

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | |
| | Equitable Life Assurance Co. | | | | | | | | X | | Pension | | | | | | | | | | | | X | | | | | |
| | C.B. Data (Partnership) | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | |
| | 1200 Tarpon Woods Blvd., Palm Harbor, FL - Unit S5 | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | |
| | Moore Owens Thomas (Marine Equipment) | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | |
| | Putnam Voyager Fund | | | | X | | | | | | | | | | | | | | | | | | X | | | | | |
| | Host Communication Stock (2500) | | | | | X | | | | | | | | | | | None | | | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jim Bunning

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | Hilliard Lyons Inc. - IRA Rollover Money Fund | | | X | | | | | | | | | | | | | | None | | | | | | | | | | | |

Reporting Individual's Name
Jim Bunning

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Star Bank - Campbell County, Ky. | Line of Credit | | X | | | | | |
| | Premium Capitol - Moore Owens Thomas | Mortgage - Marine Equipment | | | X | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | None | |
| | | |
| | | |
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| | | |

Use additional sheets if more space is required.

Reporting Individual's Name
Jim Bunning

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Examples: Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| The Tobacco Institute | Jan. 16-Jan. 20 | Airfare, Cincinnati/Palm Springs/Cincinnati | Y | Y | Spouse | N |
| Northern Kentucky Chamber of Commerce - Cong. Forum | Jan. 23-Jan. 28 | Washington, DC/Cincinnati/Washington, DC | N | N | None | 4 Days |
| Speakers Corner | Feb. 8 | Cincinnati/Philadelphia/Washington, DC | N | N | None | N |
| Louisville Chamber of Commerce - Cong. Forum | Mar. 5-Mar. 10 | Washington, DC/Cincinnati/Washington, DC | N | N | None | 4 Days |
| Drew Gross Enterprises | Mar. 26-Mar. 27 | Washington, DC/Allentown, PA/Wash., DC | Y | Y | None | N |
| U.S. Telephone Association | Apr. 23-Apr. 26 | Cincinnati/Orlando/Cincinnati | Y | Y | Spouse | N |
| Northern Kentucky Chamber of Commerce - Cong. Forum | May 14-May 19 | Washington, DC/Cincinnati/Washington, DC | N | N | None | 4 Days |
| Northern Kentucky Chamber of Commerce - Cong. Forum | Jul. 7 Jul. 9 | Washington, DC/Cincinnati/Washington, DC | N | N | None | 1 Day |
| Northern Kentucky Chamber of Commerce - Cong. Forum | Sep. 14-Sep. 17 | Washington, DC/Cincinnati/Washington, DC | N | N | None | 2 Days |
| The Congressional Institute | Dec. 4-Dec. 6 | No Transportation Provided | Y | Y | Spouse | 2 Days |
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| Reporting Individual's Name |
|---|
| Jim Bunning |

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Partner | C.B. Data |
| | |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | |
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GPO: 1993 96-835A (pm)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 19**

For use by members, officers, and employees

**FORM A**

RECEIVED
1993 MAY 13 PM 12: 25
U.S. HOUSE

(7)

HAND DELIVERED

(Office Use Only)

Danny L. Burton
(Full Name)

2411 Rayburn House Office Building
(Mailing Address) Daytime Telephone

Washington, D.C. 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Indiana District: 6 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No | Question | Yes | No |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | X | | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | | X |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | X | | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | X | |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | X | | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | X | |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | | X | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | | X |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | | X | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | | X |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | | X |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| Danny L. Burton | 5-12-93 |

Reporting Individual's Name
Danny L. Burton

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Burton Agency - Spouse | Commissions | N/A |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Danny L. Burton

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | Smokeless Tobacco Golf Tournament, Haymarket, VA | Appearance | May 26, 1992 | $1,000 |
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**Reporting Individual's Name**
Danny L. Burton

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None"

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the *far left* (This is optional.) See Instructions, page 17.

| | BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | Over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | Over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Agnico Eagle Mines Limited | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | National Government Fund | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Newmont Gold Company | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Nuveen Municipal Market Oppt. Fund | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | RIBI Immunochem | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| DC | National Government Fund | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |

**For additional assets and unearned income, use next page**

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Danny L. Burton

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | IRA: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | National Government Fund | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Thomson U. S. Government Fund | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| S | National Government Fund | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | |
| S | Thomson U. S. Government Fund | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | KEOGH: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | National Government Fund | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| S | Thomson U. S. Government Fund | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| S | National Government Fund | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Burton Agency | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Laurel County, KY Land (20A) | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Brown County, IN Land (2A) | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Burton Ranch, Farmland (48A) | | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |

Reporting Individual's Name
Danny L. Burton

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. §7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Arte Johnson/NEED Foundation Golf Tournament | Jul. 10-11 | Wash.,DC-Chicago- Indpls | Y | Y | None | N |
| | Ameritech | Jul. 14-17 | No.transportation accepted | Y | Y | None | N |
| | Danny Thompson Golf Tournament | Aug. 19-22 | Wash.,DC-Idaho-Wash., DC | Y | Y | None | N |
| | Orrin Hatch Golf Tournament Salt Lake City, Utah | Aug. 23-25 | No Transportation Accepted | Y | Y | None | N |
| | Chinese National Association of Industry and Commerce | Nov. 28 - Dec. 5 | Wash.,DC-Taiwan-Wash., DC | Y | Y | None | N |
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| Reporting Individual's Name |
| --- |
| Danny L. Burton |

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
| --- | --- |
| Consultant (Uncompensated) | Burton Agency |
| | |
| | |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
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GPO: 1982 [illegible]

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 APR 23 AM 9:24
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Stephen E. Buyer
(Full Name)

1419 Longworth House Office Building
(Mailing Address)

(202) 225-5037
Daytime Telephone

Washington, DC 20515-1405

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: Indiana District: 5 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

MC 5

(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** N/A | Yes [ ] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| | |
|---|---|
| **SIGNATURE OF REPORTING INDIVIDUAL** | **DATE (Month, Day, Year)** April 22, 1993 |

Reporting Individual's Name
Stephen E. Buyer

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Stephen E. Buyer Law Office | Legal fees | $38,717.12 |
| | Federal Mogul, Inc. | Spouse Salary | N/A |
| | U. S. Army Reserves | N/A | N/A |
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For payments to charity in lieu of honoraria, use Schedule II

**Reporting Individual's Name**
Stephen E. Buyer

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | Law Office 103 W. Broadway Monticello, Indiana | | | | | | X | | | | | | ($ee Schedule I) | | | | | | | | | | | | | | | | | |
| JT | Money Market Account Charles Schwab, Indianapolis, Indiana | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| JT | Savings Account State & Savings Bank Monticello, IN | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | IRA Charles Schwab, Indianapolis, Indiana | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| S | IRA Charles Schwab, Indianapolis, Indiana | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| S | 401K Federal Mogul, Inc., Logansport, IN | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |

**For additional assets and unearned income, use next page**

Reporting Individual's Name
Stephen E. Buyer

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | Small Business Administration, Denver, CO | Mortgage on Law Office, 103 W. Broadway, Monticello, IN | | X | | | | | |
| JT | State & Savings Bank, Monticello, Indiana | Law firm operating loan | X | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs Joseph H Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| N/A | | |
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Use additional sheets if more space is required.

Reporting Individual's Name

Stephen E. Buyer

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| N/A | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 12/31/92 | Clients of former law practice | Fee agreements with former clients & referred law firms for payment when cases are resolved. All compensated work performed prior to January 1, 1993. |
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GPO: 1993 56-633A (pb)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 17 PM 1:49

(5)

HAND DELIVERED
(Office Use Only)

LESLIE L. BYRNE
(Full Name)

6442 Queen Anne Terrace
(Mailing Address)

Falls Church, Virginia 22044

Daytime Telephone: (202) 225-1492

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: Virginia District: 11th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL**: Leslie L. Byrne

**DATE (Month, Day, Year)**: May 14, 1993

Reporting Individual's Name
LESLIE L. BYRNE

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Commonwealth of Virginia | Salary & Per diem | 24,226.50 |
| | Commonwealth of Virginia | & Office Allowance | combined amount |
| | Hay Group Inc. | Spouse Salary | N/A |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

**Reporting Individual's Name**
LESLIE L. BYRNE

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H Over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX Over $1,000,000 | |
| S, DC, JT | Examples: S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | First Virginia Bank-Northern Operation Center | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| S | First Virginia Bank-Northern Operation Center- IRA | | | | X | | | | | | | | | | | | | | N/A | | | | | | | | | | | |
| | First Virginia Bank-Northern Operation Center - IRA | | | | | X | | | | | | | | | | | | | N/A | | | | | | | | | | | |
| S | Hay Retirement Capitol Accumulation Plan | | | | | | | X | | | | | | | | | | | N/A | | | | | | | | | | | |
| S | Byrne for Congress Accounts Receivable | | | | | X | | | | | | | | | | | | | N/A | | | | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name

LESLIE L. BYRNE

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | First Virginia Bank- Northern Operation Center | Children's Student Loans | X | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name
LESLIE L. BYRNE

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
|---|---|
| Board Member | Warren Stambaugh Foundation |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO: 1983 86-535A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

'93 MAY 18 PM 3 10

U.S. HOUSE OF REPRESENTATIVES

(10)

MC (Office Use Only)

| | |
|---|---|
| (Full Name) | HERBERT LEON CALLAHAN |
| (Mailing Address) | 3251 RIVERE DU CHIEN DRIVE<br>MOBILE, ALABAMA 36693 |
| Daytime Telephone | Mobile (205)690-2811<br>Washington (202)225-4931 |

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: ALABAMA<br>District: ONE | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) | Yes [X] | No [ ] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** HLCallahan

**DATE (Month, Day, Year)** 4-14-93

Reporting Individual's Name
HERBERT LEON CALLAHAN

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | U.S. HOUSE OF REPRESENTATIVES | SALARY | 129,133 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
HERBERT LEON CALLAHAN

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| AMERICAN T & T | Participation in Thats' Jake Golf Tournament | April 26, 1992 | 1,000 |

This page may be copied if more space is required.



Schedule II

Reporting Individual's Name
HERBERT LEON CALLAHAN

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H Over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX Over $1,000,000 | |
| S, DC, JT | Examples. | S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | AmSouth Bank | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | First Alabama Bank | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Federal Credit Union | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Springhill Insurance | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | Springhill Insurance | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | X |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: HERBERT LEON CALLAHAN

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. S, DC, JT | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| From "Sub S" Corporations (Pass through items) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Finch Companies, Inc. | | | | | | | | | x | X | | | x | | | | | | | | | | | x | | | |
| The Finch Companies, Inc. | | | | | | | | | | | | | | x | | | | | | | | | | x | | | |
| The Finch Companies, Inc. | | | | | | | | | | | x | | | | | | | | | | | | | | | x | |
| AmSouth Bank | x | | | | | | | | | | | | | | | | IRA | | | | | | x | | | | |
| From Partnership (Pass through items) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H.B. Development Venture | | | | x | | | | | | X | | | | x | | | | | | | | x | | | | | |
| H.B. Development Venture | | | | | | | | | | | | | x | | | | | | | x | | | | | | | |
| Double M. Joint Venture<br>Secure-It Self Storage | | | | x | | x | | | | X<br>X | | x | | | | | | x | x | | | | | | | | |
| Finch Real Estate Corportion | | x | | | | | | | | X | | | | | | | | x | | | | | | | | | |
| Unimproved Real Estate, West Beach, Gulf Shores, Al. 1/3 undivided interest | | | | | x | | | | | X | | | | | | | | x | | | | | | | | | |
| Choctaw County Alabama (Camp) | | | x | | | | | | | X | | | | | | | | x | | | | | | | | | |
| Rights to judgment in Civil Action #91-001226 Circuit Court of Mobile, Al (Under appeal) | | | | | | | | | x | | | | | | | | None | x | | | | | | | | | |



Schedule III – Continuation

Reporting Individual's Name

HERBERT LEON CALLAHAN

PARTS 11 AND 111 - ASSETS AND "UNEARNED" INCOME

Alternative Valuation

| | Method |
|---|---|
| 1. The Finch Companies, Inc. | E |
| 2. H. B. Development Venture | E |
| 3. Double M. Joint Venture | E |
| 4. Secure-it Self Storage | E |
| 5. Finch Real estate Corporation | E |
| 6. Unimproved real estate, West Beach, Gulf Shores, Al. 1/3 undivided interest | E |
| 7. Choctaw County, Alabama (Camp) | E |
| 8. Rights to judgment in Civil Action #91-001226 Circuit Court of Mobile, Al. (Under appeal) | Set by the Court |

E = Personal evaluation and concerning real estate partnership holdings. I have relied on the opinion of the developer.

Reporting Individual's Name

HERBERT LEON CALLAHAN

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Springhill Insurance | | x | | 02-02-92 | x | | | | | | |

Schedule IV

Reporting Individual's Name

HERBERT LEON CALLAHAN

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | The Finch Companies, Inc. | Personal | | | | | X | | |
| | First Alabama Bank | Personal | | X | | | | | |
| | SouthTrust Bank | Personal | | | X | | | | |
| | AmSouth Bank | Personal | | | X | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waive; received from Committee on Standards) | $270 |
| | | |
| | | |
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| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

HERBERT LEON CALLAHAN

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| Source | | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| Electronic Industries Assoc. | | Jan 8-10 | One-way air transp Mobile, Al to Las Vegas, NV | Y | Y | Self and Spouse | |
| National Association of Broadcasters | | Jan 10-13 | Rental car from Las Vegas, NV to Palm Springs, CA; and one-way air | | | | |
| | | | transp Palm Springs, CA to Mobile, Al. | Y | Y | Self and Spouse | |
| Massachusetts Mutual | | Jan 24-27 | Round trip air transp Mobile, Al to Minneapolis, MN for spouse; air | | | | |
| \ | | | transp Mobile, Al - Minneapolis Mn-Washington, DC self | Y | Y | Self and Spouse | |
| Association of American Railroads | | Nov 12-14 | One-way air transp Mobile, Al-Palm Beach, Fl | Y | Y | Self and Spouse | |
| United States Telephone Associaiton | | Nov 14-16 | Rental car Palm Beach, Fl-Key West | | | | |
| | | | Fl and return and one-way air transp Palm Beach, Fl - Mobile, Al | Y | Y | Self and Spouse | |
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Reporting Individual's Name

HERBERT LEON CALLAHAN

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Partner | Double M. Joint Venture |
| Partner | H. B. Development |
| Partner | Baldwin County Acreage |
| Partner | Secure-it Self Storage |
| | |
| | |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | Same as letter on file: The Finch Companies, Inc. | |
| | | |
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| | | |

GPO 1982 89-838A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

KENNETH STANTON CALVERT
(Full Name)

1523 Longworth House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: (202) 225-1986

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [XXX] Member of the U.S. House of Representatives | State: California District: 43rd | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [XX] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

HAND DELIVERED
(Office Use Only)

(6)

422

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [XX] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [XX] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [XX] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [XX] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [XX] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [XX] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [XX] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [XX] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [XX] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [XX] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [XX] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Ken Calvert

DATE (Month, Day, Year): 5/17/93

Reporting Individual's Name
Kenneth Stanton Calvert

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Ken Calvert Real Properties, Inc. - Corona, CA | Commissions | $60,840 |
| | Ken Calvert Real Properties, Inc. - Corona, CA | Spouse Salary | $ 4,200 |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
Kenneth Stanton Calvert

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| | | Commercial Rental - 63 W. Grand Blvd, Corona, CA | | | | | | | X | | | | | X | | | | | X | | | | | | | | | | |
| | | Commercial Rental - 330 N. Sherman, Corona, CA | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | | Vacant Land (10%) Greenway Farms, TX | | | | | | | X | | | | | X | | | | | | X | | | | | | | | | |
| | | ~~Vacant Land (9.16%)~~ Temescal Interstate, Prop. - Corona, CA | | | | | | | X | | | | | | | | | | | | | | | | | | | | |
| | | ~~Vacant Land~~ - Green River Business Pk. - Corona, CA | | | | | | | X | | | | | | | | | | | | | | | | | | | | |
| | | Commercial Rental (11.11%) Lincoln - Railroad - Corona | | | | | X | | | | | | | X | | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page



Schedule III

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Kenneth Stanton Calvert

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | Vacant Land - Santa Rosa Ranch, Marrieta, CA | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| | Note Receivable - Ken Calvert Real Properties, Inc. | | | | X | | | | | | | | | X | | | | | X | | | | | | | | | | | |
| | Vacant Land - Temescal Cyn, Corona, CA (17%) | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | Stock in Circle City Realty, Inc., Corona, CA | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | LTD Partnership - Western A9 Ventures Ass'n - TCD's | | | | X | | | | | | | | | X | | | | | X | | | | | | | | | | | |
| | Retirement Plan - 13,700 Shares - Western Community Bank | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Stock in Ken Calvert Real Properties, Inc. - Corona, CA | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Land - Temescal Creek - Corona, CA | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | Commercial Rental (27%) Main At Washburn - Corona, CA | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |

Reporting Individual's Name
Kenneth Stanton Calvert

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Upland Bank - Corona, CA | Mortgage - 330 Sherman, Corona, CA | | | | X | | | |
| | Upland Bank- Corona, CA | Mortgage - Lincoln Railroad, Corona | | X | | | | | |
| | Upland Bank - Corona, CA | Mortgage - 63 W. Grand, Corona, CA | | | | X | | | |
| | Liberty Nat'l Bank - Santa Fe Springs, CA | Mortgage - Temescal Cyn, Corona, CA | | | | X | | | |
| | Western Community Bank - Corona, CA | Mortgage - Green River Business Pk. | | | | X | | | |
| | Western Community Bank, Corona, CA | Business Loans | | | | | X | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| None | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name
Kenneth Stanton Calvert

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| President | Corona Noon Rotary Club |
| President | Co. of Riverside Asset Leasing |
| Executive Board Member | Economic Development Partnership |
| President | Ken Calvert Real Properties, Inc. |
| President | Corona Open B-ok, Inc. |
| | |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO: 1982 80-535A (pn)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 AM 11:47
U.S. HOUSE OF REPRESENTATIVES

(7)

HAND DELIVERED

MC

(Office Use Only)

David Lee Camp
(Full Name)

5801 Leeway Drive
(Mailing Address)

Daytime Telephone

Midland, Michigan 48640

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Michigan District: 04 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

**SIGNATURE OF REPORTING INDIVIDUAL** David Camp

**DATE (Month, Day, Year)** 5/13/93

Reporting Individual's Name
David Lee Camp

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H Over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX Over $1,000,000 | Transaction (X) |
| S, DC, JT — Examples: S — ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| Camp Real Estate Agency | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | |
| Chemical Bank & Trust Co. Checking Account | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| Chemical Financial Corp.-Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| American Home Products -Stock | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| Comerica, Inc.-Stock | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | |
| Amoco Corporation-Stock | X | | | | | | | | | | X | | | X | | | | | X | | | | X | | | | | X |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: David Lee Camp

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| Dow Chemical Company-Stock | | | | | | X | | | | | X | | | | | | | | | | | X | | | | | | |
| H J Heinz-Stock | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Kellogg-Stock | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Monsanto Company-Stock | X | | | | | | | | | | X | | | X | | | | | X | | X | | | | | | | X |
| First of America BanCorp-Stock | X | | | | | | | | | | X | | | X | | | | | X | | X | | | | | | | X |
| IBM Corporation-Stock | | | | X | | | | | | | X | | | X | | | | | | | X | X | | | | | | X |
| 80 Acres of Land, Homer Township, Michigan | X | | | | | | | | | | | | | X | | | | | | X | | | | X | | | | X |
| Liquidating Trust First National Investment Co. of Midland, Inc. | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| Van Kampen Municipal Trust | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| Prudential Securities I.R.A. Rolled into A.G.Edwards I.R.A. | X | | | | | | | | | | X | | X | | | | | | X | | | | | | | | | X |
| A. G. Edwards M.M.F. | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| A. G. Edwards - Rollover I.R.A. Self Directed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bond Fund of America | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| Daily Cash Accum. Pd. | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| H J Heinz | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: David Lee Camp

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| A. G. Edwards - Rollover I.R.A. Self Directed, Continued | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May Department Stores | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| Venture Stores | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| A.G. Edwards I.R.A.- Self-Directed: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chemical Financial Corp. | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| Daily Cash Accum. Fd. | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| Intel Overseas Zero Coupon | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | |
| Thompson Fund | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |



Schedule III—Continuation

Reporting Individual's Name
David Lee Camp

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Amoco Corporation | | X | | 4/30/92 | X | | | | | | |
| | Monsanto Co. | | X | | 4/22/92 | X | | | | | | |
| | First of America BanCorp | | X | | 4/22/92 | X | | | | | | |
| | 80 Acres of Land, Homer Township, Midland, Michigan | | X | | 1/10/92 | | X | | | | | |
| | IBM Corporation | | X | | 4/22/92 | | X | | | | | |
| | A.G. Edwards Money Market Fund | X | | | 5/12/92 | | X | | | | | |
| | Van Kampen Municipal Trust | X | | | 4/16/92 | X | | | | | | |

Reporting Individual's Name
David Lee Camp

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Chemical Bank & Trust Co. | Mortgage on Merrill, MI | | | X | | | | |
| | Chemical Bank & Trust Co. | Personal Loan | | | X | | (Paid off 11/05/92) | | |
| | | | | | | | | | |
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| | | | | | | | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name
David Lee Camp

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Corporate Member (Not on Board of Directors) | Mid-Michigan Regional Health System |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
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| | | |
| | | |
| | | |

GPO: 1988 56-836A (pa)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

Charles T. Canady
(Full Name)

1107 Longworth Building, Washington, D.C. 20515 (202) 225-1252
(Mailing Address) Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Florida District: 12 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

HAND DELIVERED
MC
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

**SIGNATURE OF REPORTING INDIVIDUAL** Chas T. Canady

**DATE (Month, Day, Year)** May 17, 1993

Reporting Individual's Name

Charles T. Canady

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Lane, Trohn, Clarke, Bertrand & Williams, P.A. | Salary | $43,832.13 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Charles T. Canady

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT Examples: B ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| Lane, Trohn, et al. P.A. Stock | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | | |
| Lane, Trohn, et al. P.A. Profit Sharing Trust | | | X | | | | | | | | | | | | | | X* | X | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | *profit sharing distribution | | | | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name: Charles T. Canady

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Lane, Trohn, et al., P.A. | Promissory note | X | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| None | | |
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Use additional sheets if more space is required.

Reporting Individual's Name
Charles T. Canady

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Director (unpaid) | Volunteers in Service to the Elderly, Inc. |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 1/15/93 | Lane, Trohn, et al., P.A. | Promissory note for purchase price of P.A. stock sold to P.A., with final payment due on 1/15/94. |
| 4/01/93 | Lane, Trohn, et al., P.A. Profit Sharing Trust | lump sum withdrawal of assets |
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GPO: 1992 [illegible]

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

MARIA E. CANTWELL
(Full Name)

23405 LAKEVIEW DR. (202) 225-6311
(Mailing Address) Daytime Telephone

MOUNTLAKE TERR. WA 98043

| | | | | |
|---|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: WASH District: 1st | ☐ Officer or Employee | Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date: |

MAY 17 1993
MC (4)
(Office Use Only)

## PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes ☑ | No ☐ | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes ☐ | No ☑ |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes ☐ | No ☑ | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes ☐ | No ☑ |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes ☑ | No ☐ | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes ☑ | No ☐ |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes ☐ | No ☑ | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes ☐ | No ☑ |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes ☐ | No ☑ | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes ☐ | No ☑ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes ☐ | No ☑ |

## CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Maria Cantwell

DATE (Month, Day, Year): 5/12/93

Reporting Individual's Name
MARIA CANTWELL

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | WASHINGTON STATE LEGISLATURE STATE OF WASHINGTON | LEGISLATIVE SALARY | 23,967 |
| | " " | PER DIEM | 4,422 |
| | " " | EXPENSE REIM-BURSEMENT | 5,400 |

For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
MARIA CANTWELL

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U S Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None"

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| | | | CANTWELL & ASSOC. (DORMANT BUSINESS NOT OPERATING IN 1992 EQUIPMENT) | | | X | | | | | | | | | | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name
MARIA CANTWELL

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
|---|---|
| BOARD MEMBER | SNOHOMISH COUNTY CHAMBER OF COMMERCE |
| BOARD MEMBER | SNOHOMISH COUNTY DISPLACED HOMEMAKERS |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
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GPO: 1992 50-838A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 12 PM 2:34

(21)

MC **HAND DELIVERED**
(Office Use Only)

BENJAMIN L. CARDIN
(Full Name)

2509 Shelleydale Drive — 410 - 433 - 8886
(Mailing Address) — Daytime Telephone

Baltimore, Maryland 21209

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Maryland District: 3rd | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes | [X] | No | [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes | [X] | No | [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes | [X] | No | [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes | [X] | No | [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes | [X] | No | [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes | [ ] | No | [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes | [ ] | No | [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.) The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

**SIGNATURE OF REPORTING INDIVIDUAL** — Benjamin L. Cardin

**DATE (Month, Day, Year)** — 5/11/93

Reporting Individual's Name
BENJAMIN L. CARDIN

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | State of Maryland (Income earned prior to being elected to Congress) | Deferred Compensation | $24,000 |
| | State of Maryland | Pension | 3,390 |
| | Maryland Assoc. of Non-public Special Education Facilities | Spouse's Salary | N/A |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
BENJAMIN L. CARDIN

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | American Truckers Assoc., Wash.,D.C. | Speech | March 25, 1992 | $1,000 |
| | Franklin Morris Assoc., 7 E. Redwood St., Balto., Md., 21202 | Speech | November 30, 1992 | 500 |
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NOTE: NO LONGER HAVE ANY DEPENDENT CHILDREN

Reporting Individual's Name
BENJAMIN L. CARDIN

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | | None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | |
| | Olin Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Bristol Myers Squibb Co. Stock | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | X |
| | Time Warner Common & Preferred Stock | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | X |
| | BHC Communications, Inc. Stock | | | X | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Niagara Mohawk Stock | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | BTR Stock | | | X | | | | | | | | X | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: BENJAMIN L. CARDIN

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | Over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | Over $1,000,000 | |
| | Radiation System Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Advanced Technology Lab, Inc. (A/K/A Westmark Int. Incorp.) | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| S | Northeast Utilities Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | A.T. & T. Stock | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| S | Camden Yards Cold Storage, Inc. Stock, Balto., Md. | | | X | | | | | | | X NOTE 10 | X | | | | | | NOTE 10 | X | | | | | | | | | | |
| JT | Smith, Barney Cash Management Account | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | |
| JT | Maryland Health & Higher Ed. Bonds | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | X |
| JT | Prince George's Co., Md. Bond | | | X | | | | | | | | | | | | | | No Income Zero Coupon | | | | | | | | | | | |
| JT | Israel Bonds | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| JT | Meyer M. Cardin Trust NOTE 1 | | | | | | | | X | | | | | X | | | | | X | | | | | | | | | | X |
| NOTE 2 | Venture B.G. Partnership 3601 Washington Blvd., Balto., Md. | X | | | | | | | | | X NOTE 2 | | | | | | | K(c) K(d) | | | | | X X | | | | | | |
| | Deferred Compensation Plan State of Maryland | | | | X | | | | | | | | | | | | | N/A | | | | | | | | | | | X |
| | Keough - A.B.A. Retirement Plan Benj. L. Cardin Retire Plan | | | | | | X | | | | | | | | | | | N/A | | | | | | | | | | | |
| NOTE 4 | IRAs - Regal Savings Bank, Owings Mills, Md. Assets include: 1. Israel Bonds 2. Money Market Funds | X | | X | | | | | | | | | | | | | | N/A | | | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: BENJAMIN L. CARDIN

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S | Deferred Compensation Plan Spouse's Employment | | | X | | | | | | | | | | | | | N/A | | | | | | | | | | |
| S | T.I.A.A.- Cref Retirement & Pension Plans - Spouse's Empl. | | | X | | | | | | | | | | | | | N/A | | | | | | | | | | |
| | Benjamin L. Cardin Trust (B. Green) NOTE 5 | | | | | | | | | X | | X | | X | | | | | | | | | X<br>X | | | | X |
| | Benjamin L. Cardin Trust (Settlor) NOTE 6 | | X | | | | | | | | X<br>NOTE 7 | | | | | | | X | | | | | | | | | |

Reporting Individual's Name
BENJAMIN L. CARDIN

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H Over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Bristol Myers Squibb Co., Common Stock | X | | | NOTE 9 | X | | | | | | |
| | Deferred Compensation Plan State of Maryland | Withdrawals | | | Monthly | | X | | | | | |
| | Time Warner Common & Preferred Stock | X | | | NOTE 9 | X | | | | | | |
| | Maryland Health & Higher Ed. Bond (One of Two Bonds) | Redeemed | | | July 1, 1992 | X | | | | | | |
| | See NOTE 1 for Transactions of Meyer M. Cardin Trust | | | | | | | | | | | |
| | See NOTE 5 for Transactions of Benjamin L. Cardin Trust (B. Green) | | | | | | | | | | | |

Reporting Individual's Name
BENJAMIN L. CARDIN

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del | | | | X | | | |
| | See NOTE 2 for Liabilities of Venture B.G. Partnership | | | | | | | | |
| | See NOTE 6 for Liabilities of Benjamin L. Cardin Trust (Settlor) - Green Properties Partnership | | | | | | | | |
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## SCHEDULE VI—GIFTS

N/A

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name

BENJAMIN L. CARDIN

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel-related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Pharmaceutical Manufacturer Assoc. | Feb. 14-17, 1992 | Balto.,Md. - Orlando,Fla. - Balto.,Md. Participated in conference meetings & gave principal speech (2/16/92) on Health Care Reform | Y | N | Spouse | |
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| Reporting Individual's Name |
|---|
| BENJAMIN L. CARDIN |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| | SEE ATTACHED SHEET |
| | |
| | |
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| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| Jan. 2,1987 (Retired) | Filer and the State of Maryland | As a "retiree" from State service, I receive pension benefits (reported in Part I) and the right to participate in health insurance with the employer subsidizing some of the cost. In addition, I am receiving deferred compensation for income earned during my employment with the State (reported in Part I). |
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GPO: 1992 56-835A (m)

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

BENJAMIN L. CARDIN

PART VIII POSITIONS

| POSITION | NAME OF ORGANIZATION |
|---|---|
| Director | Park School - Baltimore, Maryland |
| Member | Chancellor's Advisory Council of the University of Maryland System, College Park, Maryland |
| Trustee/Secretary of the Bd. of Trustees | St. Mary's College, St. Mary's, Maryland |
| Director | Catonsville Community College Foundation, Balto., Md. |
| Director | Re-Visions Foundation, Inc., Baltimore, Maryland |
| Director/Chairman | Maryland Legal Services Corporation, Balto., Md. |
| Trustee | Baltimore Museum of Art, Baltimore, Maryland |
| Board Member | Menorah Lodge #771, B'nai B'rith, Balto., Md. |
| Board of Visitors | University of Maryland Law School, Balto., Md. |
| Member | Safety First Club Board Member, Baltimore, Maryland |
| Board of Advisors | Closeup Foundation, Virginia |
| Board of Directors | Baltimore-Washington International Airport Development Council |
| Technical Review Committee | Maryland Psychiatric Research Center |
| Partner | Partnerships listed in PARTS II & III (Venture BG, Green Properties and Warwick Associates) |
| Board of Advisors | Patriots of Fort McHenry |
| Board of Advisors | Z.O.A., Balto., Md. |
| Board of Advisors | Bendectine School, Balto., Md. |
| Honorary Board | Reflex Sympathetic Dysterophy Assoc. of U.S. |

BENJAMIN L. CARDIN

NOTES

1 A Trust established by filer's father for the benefit of filer and spouse during their lefetime with remainderman interest to filer's children. Assets and Transacions of trust are listed on attached sheets.

2 Venture BG is a partnership that holds the land at 3601 Washington Blvd., Balto., Md. The property is leased to B. Green & Co., Inc.. Filer owns a 2% interest. The evaluation is based on book value, i.e. a negative partner's capital account. The Assets and Liabilities of the partnership are listed on the attached sheets. Income refected on Part III represents "income" K(c) line of Kl form and "distribution" K(d) line of Kl form.

3 Value includes deposit made into & checks drawn on account on December 31, 1992 and credited in 1993.

4 Includes IRAs for filer and spouse. In 1992, the trustee of the IRAs was changed from Hamilton Investments to Regal Savings Bank.

5 A trust established by Grandfather (Benjamin L. Green). Filer is income beneficiary and contingent residuary beneficiary. Assets and Transactions are listed on the attached sheets.

6 A trust established by Filer on June 29, 1990 for the benefit of spouse during her lifetime with remainder interest to Filer's children. The trust holds a one-sixth interest in a partnership known as Green Properties Partnership. The partnership owns property located at 1300 S. Monroe Street, Balto., Md. and 2330 N. Warwich Ave., Balto., Md. (through a partnership known as Warwich Associates). Both properties are leased to B. Green & Co., Inc.. In addition the trust purchased life insurance in March, 1991. The Assets and Liabilities of the trust and partnership are listed on the attached sheets.

7 Evaluation based on book value, i.e. a negative partner's capital account of Green Properties Partnership.

8 Evaluation based on book value of property.

9 Quarterly dividend reinvestment.

10 The evaluation is based on book value, i.e. stockholder's equity of a corporation which is not publically traded. Income for 1992 showed a $10,000 gain which was offset by carry over losses. No income was distributed in 1992.

Reporting Individual's Name: BENJAMIN L. CARDIN

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

NOTE 1

Continuation Sheet (if needed) FOR ASSETS INCLUDED IN MEYER M. CARDIN TRUST

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Year End Value (X) | | | | | | | | | | Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | |
| S, DC, JT | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | Transaction (X) |
| | B. Green & Co. Preferred Stock (Also known as BG Acquisition Co.), 3601 Washington Blvd., Balto., Md. NO LONGER OWNED | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | X |
| | B. Green & Co. Primissory Note | | | | | | | | X | | | | | X | | | | | X | | | | | | | | | | X |

FOR TRANSACTIONS INCLUDED IN MEYER M. CARDIN TRUST NOTE 1

Reporting Individual's Name
BENJAMIN L. CARDIN

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | B. Green & Co., Inc. Preferred Stock (Also known as BG Acquisition Co.) NOTE: Received ~~Primissory Note as~~ consideration for the sale | | X | | Dec. 31, 1992 | | | | | | X | |

Schedule IV

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

NOTE 2

Reporting Individual's Name: BENJAMIN L. CARDIN

Continuation Sheet (if needed) FOR ASSETS INCLUDED IN VENTURE BG PARTNERSHIP

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Assal | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Year End Value (X) | | | | | | | | | | Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | |
| S, DC, JT | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| | 3601 Washington Blvd., Balto., Md. | | | | | | | | | X | | | X | | | | | | | | | | | | | | X | | |



Schedule III—Continuation

FOR LIABILITIES INCLUDED IN VENTURE BG PARTNERSHIP NOTE 2

Reporting Man

BENJAMIN L. CARDIN

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del | | | | X | | | |
| | Provident National Indemnity c/o Nations Bank | Mortgage on 3601 Washington Blvd., Balto., Md. | | | | | | | X |
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## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

NOTE 5

Reporting Individual's Name: BENJAMIN L. CARDIN

Continuation Sheet (if needed) FOR ASSETS INCLUDED IN BENJAMIN L. CARDIN TRUST (B. GREEN) Page 1 of 2

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | B. Green & Co., Stock (Also known BG Acquisition Co.), 3601 Washington Blvd., Balto.,Md. NO LONGER OWNED | X | | | | | | | | | | X | | | | | | | | | | | | | X | | | | X |
| | Washington Suburban Sanitation Bonds | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Howard Co., Md. Bonds | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | University of Maryland Bonds | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Maryland Community Developement Bonds | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Montgomery Co., Md. Ride On Bond | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Baltimore City Bond NO LONGER OWNED | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | X |
| | Maryland Bonds DOT | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | X |
| | Smith, Barney Cash Management Account NOTE 3 | | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | |
| | Baltimore Co., Md. Bonds | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | National Capitol Park & Planning Bond NO LONGER OWNED | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | X |
| | Anne Arundel Co., Md. Bonds | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Seligman Bond Fund | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Maryland Health & Higher Ed. Bond | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

NOTE 5

Reporting Individual's Name: BENJAMIN L. CARDIN

Continuation Sheet (if needed) FOR ASSETS INCLUDED IN BENJAMIN L. CARDIN TRUST (B. GREEN) Page 2 of 2

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| Maryland Tax Free Bond Fund 76 | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| Annapolis, Md. Bond | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| St. Mary's Co., Md. Bond | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| Maryland State Bond | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | |
| B. Green & Co., Inc. Primissory Note | | | | | | | X | | | | | X | | | | | X | | | | | | | | | | X |
| Smith, Barney Intermediate Municipal Bond Fund | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | X |
| Eaton Vance Municipal Trust | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | X |
| Maryland Investment Quality Tax Exempt Trust - Ser. 44 | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | X |
| Maryland Tax Free Bond Trust 70 | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | X |
| Maryland Tax Free Bond Trust 71 | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | X |
| Maryland Tax Free Bond Trust 79 | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | X |

FOR TRANSACTIONS INCLUDED IN BENJAMIN L. CARDIN TRUST (B. GREEN)

Reporting Individual's Name
BENJAMIN L. CARDIN

## SCHEDULE IV—TRANSACTIONS

NOTE 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Exemple: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | B. Green & Co., Inc. Stock (part of the purchase price received in a primissory note - Category G) | | X | | 12-31-92 | | | | | | | X |
| | Baltimore City Bond | Matured | | | 7- 1-92 | | X | | | | | |
| | Maryland Bonds - DOT (Two of three Bonds) | Redeemed | | | 7-15-92 | | | X | | | | |
| | National Capitol Park & Planning Bond | Matured | | | 3- 1-92 | | X | | | | | |
| | Smith, Barney Intermediate Municipal Bond Fund | X | | | 3- 5-92 | | X | | | | | |
| | Eaton Vance Municipal Trust | X | | | 7-28-92 | | X | | | | | |
| | Maryland Investment Quality Tax Exempt Trust - Series 44 | X | | | 7-27-92 | X | | | | | | |
| | Maryland Tax Free Bond Trust 70 | X | | | 7-27-92 | X | | | | | | |
| | Maryland Tax Free Bond Trust 71 | X | | | 7-27-92 | | X | | | | | |
| | Maryland Tax Free Bond Trust 79 | X | | | 7-27-92 | | X | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: BENJAMIN L. CARDIN

Continuation Sheet (if needed) FOR ASSETS INCLUDED IN BENJAMIN L. CARDIN TRUST (SETTLOR) NOTE 6

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX over $100,000 | |
| A one-sixth partnership interest in Green Properties Partnership which assets consist of (1) 1300 S. Monroe Street Balto., Md. | | | | | | | | X | | | | X | | | | | | | | | | | | | | X | |
| (2) Warwich Associates Partnership which assets consist of 2330 N. Warwich Ave., Balto., Md. (including equipment) | | | | | | | X | | | X NOTE 8 | | X | | | | | | | | | | | | | | X | |



Schedule III—Continuation

FOR LIABILITIES INCLUDED IN BENJAMIN L. CARDIN TRUST (SETTLOR) NOTE 6 | BENJAMIN L. CARDIN

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | LIABILITIES INVOLVING GREEN PROPERTIES PARTNERSHIP | | | | | | | | |
| | (1) Provident Bank of Maryland | Mortgage on 1300 S. Monroe St. Balto., Md. | | | | | | | X |
| | (2) B. Green & Co., Inc. 3601 Wash. Blvd., Balto., Md. | Loan for 1300 S. Monroe St. Balto., Md. | | | | X | | | |
| | (3) Bank of Maryland (Towson, Md.) | Mortgage on 2330 N. Warwich Ave. Balto., Md. | | | | | | X | |
| | (4) B. Green & Co., Inc. 3601 Wash. Blvd., Balto., Md. | Loan for 2330 N. Warwich Ave. Balto., Md. | | | | X | | | |
| | | | | | | | | | |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

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1993 MAY 17 PM 12:32
CLERK OF THE HOUSE OF REPRESENTATIVES

(3)

BOB CARR
(Full Name)

2347 RAYBURN HOUSE OFFICE BUILDING
(Mailing Address)

WASHINGTON DC 20515-2208
Daytime Telephone 202 225 4872

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: MICHIGAN District: 8 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

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## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

**SIGNATURE OF REPORTING INDIVIDUAL** Bob Carr

**DATE (Month, Day, Year)** 5-17-93

**ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT 1992**
**BOB CARR**
**Continuation Sheet**

**SCHEDULE I - EARNED INCOME**

| Source | Type | Amount |
|---|---|---|
| DNC Services Corporation | Spouse Salary | NA |

**SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY**

| Source | Activity | Date | Amount |
|---|---|---|---|
| The Tobacco Institute | Speech | January 17 | $2000 |
| US Tobacco | Speech | February 10 | $2000 |
| American Trucking Association | Speech | April 28 | $1000 |
| Smokeless Tobacco Council | Speech | May 26 | $1000 |

**SCHEDULE III ASSETS AND "UNEARNED" INCOME**

| BLOCK A Asset and /or Income Source | BLOCK B Valuation of Asset | | BLOCK C Income | | | BLOCK D |
|---|---|---|---|---|---|---|
| | Year End Value | | Type | | | Transaction |
| Apartment in DC House | F | | Rent | | V | |
| Prudential Life Insurance | B | | Dividend | | I | |
| Apple Computer Common Stock | B | | Dividend | | I | |
| Gillette Co Common Stock | C | | Dividend | | II | |
| Houghton Mifflin Co Common Stock | B | | Dividend | | I | Sell |
| American Express Muni Money Market Fund | None | | Dividend | | I | Buy/Sell |
| Boeing Company* | C | | Dividend | | II | Sell |
| CIPSCO* | C | | Dividend | | III | |
| CMS Energy | B | | Dividend | | I | Buy |
| Chrysler | B | | Dividend | | I | Buy |
| Walt Disney Company* | C | | Dividend | | I | |
| First Union REIT* | B | | Dividend | | I | |
| NY State Electric & Gas* | C | | Dividend | | III | |
| Ohio Edison* | C | | Dividend | | IV | |
| UGI Corp* | C | | Dividend | | III | |
| Philadelphia Electric* | B | | Dividend | | I | Sell |
| Upjohn* | B | | Dividend | | I | Sell |
| KMS Industries* | A | | Dividend | | 0 | Sell |
| Shearson Lehman High Yield Fund* | C | | Dividend | | IV | Merger |
| Shearson Lehman High Income Fund CL A | C | | Dividend | | IV | Merger |

*These stocks were not owned in 1991 and were not listed. They were inherited on the death of my mother, Edna Carr, January 3, 1992

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT
BOB CARR
Continuation Sheet

SCHEDULE IV - TRANSACTIONS

| Identification of Assets | Type of Transaction | | Amount |
|---|---|---|---|
| | Pur, Sale or Exh | Date | |
| Boeing | Sale | 12/3/92 | C |
| CMS Energy | Purchase | 4/29/92 | B |
| Chrylser | Purchase | 4/29/92 | B |
| KMS Industries | Sale | 12/03/92 | A |
| Philadelphia Electric | Sale | 4/3/92 | B |
| Upjohn | Sale | 4/3/92 | B |

SCHEDULE V - LIABILITIES

| | Creditor | Type of Liability | Category |
|---|---|---|---|
| | Shearson Lehman Brothers | Margin Account | C |

SCHEDULE VI - GIFTS

| Source | Brief Description | Value |
|---|---|---|
| None | | |

SCHEDULE VII - FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

| Source | Date(s) | Point of Departure Destination(s)- Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Anything not at operator's expense |
|---|---|---|---|---|---|---|
| The Tobacco Institute | 1/15-18 | DCA-LAX-PSP-DCA | Y | Y | None | No |
| American Airlines | 2/7-10 | DCA-MCO | Y | Y | Spouse | No |
| US Tobacco | 2/10-11 | MCO-PBI-IAD | Y | Y | None | No |
| Assoc Gen Contractors | 3/1-3 | DCA-DFW-DCA | Y | Y | None | No |
| Houston Metro | 4/21-22 | DCA-IAH-DCA | Y | Y | None | No |
| Delta Airlines | 6/7-8 | DCA-ATL-DCA | Y | Y | None | No |
| Miami Chamber /Dade Cty Avia | 6/12-14 | DCA-MIA-DCA | Y | Y | None | No |
| San Fran Metro Trans Comm | 7/26-27 | DTW-SFO-IAD | Y | Y | None | No |
| Dallas Area Rapid Transit | 8/9-10 | DTW-DFW-DCA | Y | Y | None | No |
| Danny Thompson Mem Golf | 8/15-22 | DCA-SUN | Y | Y | Spouse | Yes |
| Delta Airlines Cong. Challenge | 8/22-25 | SUN-SLC | Y | Y | Spouse | No |
| Nevada Resort Assoc | 8/26-27 | SLC-LAS-DTW | Y | Y | None | No |
| Transit Auth of River City | 9/13-14 | DTW-SDF-DCA | Y | Y | None | No |
| Wash., Christian & Loatman | 9/20-21 | DTW-CLE-DTW | N | Y | None | No |
| Sheet Metal | 6/26-27 | DCA-TVC-DCA | Y | Y | None | No |

SCHEDULE VIII - POSITIONS
Director, World Hunger Year (uncompensated)

SCHEDULE IX - AGREEMENTS
None

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(11)

RECEIVED
93 MAY 17 AM 9 16

Michael N. Castle
(Full Name)

1205 Longworth House Office Building
(Mailing Address)

Daytime Telephone

Washington, DC 20515 (202) 225-4165

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Delaware District: one district only | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

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## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| | |
|---|---|
| **SIGNATURE OF REPORTING INDIVIDUAL** Michael N. Castle | **DATE (Month, Day, Year)** May 14, 1993 |

Reporting Individual's Name

Michael N. Castle

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | State Of Delaware - Dover, DE - Governor | salary<br>expense allowance | 80,000<br>8,700 |
| | Ellerbe Becket, Inc. (spouse) | salary | N/A |
| | | | |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
Michael N. Castle

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional | | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | | Transaction (X) |
| | | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | See Attached Schedule | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name
Michael N. Castle

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | New Member- Not required to report | | | | | | | | | | | |

Schedule IV

Reporting Individual's Name
Michael N. Castle

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Edwin Ratledge Estate through Mortgage Service Corp. | 33% of mortgage on 500 W.10th St, Wilmington, DE | | | | X | | | |
| | Wilmington Trust Company through Mortgage Service Corp | 33% of mortgage on 500 W. 10th St. Wilmington, DE | | | | X | | | |
| | Wilmington Trust Company through Ninth Street Partnership | 26.7 % of Mortgage on 300-322 W. 9th St. Wilm., DE | | | | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| New Member - not | | |
| required to report | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

| Reporting Individual's Name |
|---|
| Michael N. Castle |

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
|---|---|
| See attached sched | |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO: 1992 50-535A (m)

Michael N. Castle
Attachment to Form A
Financial Disclosure Statement - 1992

## Schedule III - Assets and unearned income

| Block A Asset and/or Other Income | Block B Valuation of Asset: Category Of Value | | | | | | | | | | Block C Income: Type of Income | | | | | | | Block C Income: Category of Amount of Income | | | | | | | | | | Block D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | NONE | A | B | C | D | E | F | G | H | All Val | Div | Rent | Int | Cap Gain | Exc Trust | Blind Trust | Other | NONE | I | II | III | IV | V | VI | VII | VIII | IX | |
| **REAL ESTATE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 George St, Dewey Beach, DE - House | | | | | | | X | | | | | | | | | | | | | | | | | | | | | |
| Gross rental income | | | | | | | | | | | | X | | | | | | | | | | | X | | | | | |
| Net rental income | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| Rockford Village Partners, owning Lakeshore Quadrille | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lakeshore Class I and II, 33% interest | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| Rockford Village Partners owning Mortgage Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Corp. owning land and office bldg at 500 W. 10th St, | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wilmington, DE - 33% interest | | | | | | | X | | | | | | | | | | | | | | | | | | | | | |
| Gross rental income | | | | | | | | | | | | X | | | | | | | | | | | | X | | | | |
| Net rental income | | | | | | | | | | | | X | | | | | | | | | | | X | | | | | |
| Rockford Village Partners, owning Ninth St Partnership | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| owning offices at 300-322 W 9th St , Wilmington, DE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26.7% interest | | | | | | X | | | | | | | | | | | | | | | | | | | | | | |
| Gross rental income | | | | | | | | | | | | X | | | | | | | | | | | X | | | | | |
| Net rental income | | | | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| Carlyle Real Estate LP XV | | | | X | | | | | | | | | | | | | Distrib | X | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MUTUAL FUNDS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brandywine Fund | | | | | X | | | | | | X | | | X | | | | | | | X | | | | | | | |
| Vanguard Money Market Reserves Prime Portfolio | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | |
| S Vanguard Money Market Reserves Prime Portfolio | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Vanguard Trustees International Portfolio | | | X | | | | | | | | X | | | X | | | | | | X | | | | | | | | |
| JMS Primary Fund | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | |
| Rockford Village Partners owning Mortgage Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Corp , owning Rodney Square Money Market Fund | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STOCKS HELD AT 12/31/92** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acuson Corp , Common | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| Alexander & Baldwin, Inc , Common | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| American Greetings Corp , Class A Common | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |

Michael N. Castle
Attachment to Form A
Financial Disclosure Statement - 1992

## Schedule III - Assets and unearned income

| Block A Asset and/or Other Income | Block B Valuation of Asset | | | | | | | | | | Block C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # DC JT | Category Of Value | | | | | | | | | | Type of Income | | | | | | | Category of Amount of Income | | | | | | | | | | Transaction (X) |
| | NONE | A | B | C | D | E | F | G | H | Alt Val | Div | Rent | Int | Cap Gain | Exc Trust | Blind Trust | Other | NONE | I | II | III | IV | V | VI | VII | VIII | IX | |
| Ashland Oil Company, Common | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Avnet, Inc., Common | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Boeing Company, Common | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| Dreyfus Corp., Common | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Edison Bros. Stores, Inc., Common | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Edwards, A.G. Inc, Common | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Gibson Greetings, Common | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | |
| IBP, Inc., Common | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| James River Corp. of Virginia, Common | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Lotus Development Corp., Common | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | | |
| Millipore Corp, Common | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | |
| Monsanto Company, Common | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Rite Aid Corp., Common | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Sprint Corp, Common | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Tultex Corp., Common | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Varian Associates, Inc., Common | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | |
| Wheelabrator Technology, Inc., New, Common | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | |
| Whirlpool Corp., Common | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STOCKS SOLD IN 1992 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alaska Air Group, Inc., Common | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | | |
| Aluminum Company of America, Common | X | | | | | | | | | | X | | | X | | | | | | | | | | X | | | | |
| Amerada Hess Corp., Common | X | | | | | | | | | | X | | | X | | | | | | | | X | | | | | | |
| Circuit City Stores, Inc., Common | X | | | | | | | | | | X | | | X | | | | | | | | | X | | | | | |
| Clark Equipment Company, Common | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| Edwards, A.G. Inc, Common | X | | | | | | | | | | X | | | X | | | | | | | | | | X | | | | |
| General Cable Corp, Common | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| Hannaford Brothers Co., Common | X | | | | | | | | | | | | | X | | | | | | | | | X | | | | | |
| Hewlett-Packard Co., Common | X | | | | | | | | | | X | | | X | | | | | | | | | X | | | | | |
| Household International, Inc. Common | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | | |

Michael N. Castle
Attachment to Form A
Financial Disclosure Statement – 1992

## Schedule III – Assets and unearned income

| Block A Asset and/or Other Income | Block B Valuation of Asset | | | | | | | | | | Block C Income | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Category Of Value | | | | | | | | | | Type of Income | | | | | | | Category of Amount of Income | | | | | | | | | Transaction (X) |
| | NONE | A | B | C | D | E | F | G | H | Alt Val | Div | Rent | Int | Cap Gain | Exc Trust | Blind Trust | Other | NONE | I | II | III | IV | V | VI | VII | VIII | IX | |
| Humana, Inc., Common | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | | |
| JWP, Inc., Common | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| Kerr-McGee Corp., Common | X | | | | | | | | | | X | | | X | | | | | | | | X | | | | | | |
| NV Phillips, Common | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| Penn Central Corp., Common | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | | |
| Royal Dutch Petroleum GLDR 5 F NY REG SH PAR N | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| Stanhome, Inc, Common | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | | |
| Trinova Corp , Common | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| Vulcan Materials Co., Common | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MUNICIPAL BONDS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delaware Gen. Oblig., Due 06/01/03, Zero Coupon | | | | X | | | | | | | | | X | | | | | X | | | | | | | | | | |
| Puerto Rico Electric Power, Due 07/01/01, Zero Coupon | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| Puerto Rico Electric Power, Due 07/01/99, Zero Coupon | | | | X | | | | | | | | | X | | | | | X | | | | | | | | | | |
| Puerto Rico Electric Power, Due 07/01/00, Zero Coupon | | | | X | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RETIREMENT FUNDS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| John Hancock Annuity | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| Boston Co. Cap. Appreciation Fund | | | | | X | | | | | | X | | | X | | | | | | | X | | | | | | | |
| Windsor Fund | | | | X | | | | | | | X | | | X | | | | | | | | X | | | | | | |
| Merrill Lynch Balanced Fund Cl B (IRA) | | | | | X | | | | | | X | | | X | | | | | | | | | X | | | | | |
| Merrill Lynch Retirement Reserves (IRA) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| Continental Bank CD (IRA) | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| Bankers Trust Zero Coupon CD (IRA) | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| Transamerica 8 5/4 Cum Pfd Class D (IRA) | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| USX Marathon Group Common (IRA) | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| S T Rowe Price (Retirement Account) | | | | X | | | | | | | X | | | X | | | | | | | | | X | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OTHER ASSETS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U S Savings Bonds, Series EE | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | |

ATTACHMENT A

The following are Boards on which I served in 1992:

Education Commission of the States Policy and Priorities Committee, 707 17th Street, Suite 2700, Denver, Colorado 80101-3427 -- Education -- Commissioner -- 1 year term August, 1991, through July, 1992.

Institute for Cooperation in Environmental Matters (ICEM), Ex-officio Member, Suite 800, 1346 Chestnut Street, Philadelphia, PA 19107 -- Public/private organizaiton for the protection of the environment. No term

Jobs for Delaware Graduates, 335 Martin Street, Dover, DE 19901 -- School to Work Transition Program -- No term.

National Alliance of Business Center for Excellence in Education Board, 1201 New York Avenue, N.W., Washington, D.C. 20005-3917, - Board Member - No term.

RE: Learning National Advisory Board, Chairman -- Summer School, 17th and M Streets, N.W., Washington, D.C. -- Education -- No term.

National Constitution Board, Constitution Place, 325 Chestnut Street, Philadelphia, PA 19106 - -- promote public awareness of the Constitution through grants -- No term.

National Organization on Disability, 910 16th Street, N.W., Washington, D.C. 20006 -- No term.

University of Delaware, Ex-Officio Member, Newark, DE 19716-7410 -- No term

Delaware State College, Ex-Officio Member, 1200 N. DuPont Highway, Dover, DE 19901-2275 -- No term.

ATTACHMENT B

The following are National Committees on which I served in 1992:

National Governors' Association Executive Committee, 444 North Capitol Street, Suite 250, Washington, D.C. 20001-1572

United Way of America Public Affairs Committee, 701 North Fairfax Street, Alexandria, VA 22314-2045

National Governors' Association Strategic Planning Task Force, Chair -- Term August, 19981, -July, 1992.

Governors' Environmental Policy Forum, EPA Committee, Chair, Waterside West Building, 401 M Street, S.W., Washington, D.C. 20460 -- No term

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(P)

HAND DELIVERED

Jim Chapman
(Full Name)

2417 Rayburn House Office Building
(Mailing Address)

Washington DC 20515-4301

Daytime Telephone (202) 225-3035

| | | | | |
|---|---|---|---|---|
| **Filer Status** | ☒ Member of the U.S. House of Representatives | State: Texas District: 1st | ☐ Officer or Employee | Employing Office |
| **Report Type** | ☒ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date |

mc (Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes ☐ | No ☒ | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes ☐ No ☒ |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes ☒ | No ☐ | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes ☒ No ☐ |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes ☒ | No ☐ | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes ☐ No ☒ |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes ☒ | No ☐ | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes ☐ No ☒ |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes ☒ | No ☐ | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes ☐ | No ☒ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes ☐ | No ☒ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Jim Chapman

**DATE (Month, Day, Year)** 5/15/93

Reporting Individual's Name
Tim Chapman

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $8,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | None | | |

For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Jim Chapman

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | The Tobacco Institute | Speech + Legislative Panel | Jan 16-19, 1992 | $2000.00 |
| | Philip Morris | Legislative Panel | Feb. 15-18, 1992 | $2000.00 |
| | International Industrial Symposium on the Super Collider | Speech | Mar. 16, 1992 | $2000.00 |
| | College of American Pathologists | Speech | Nov. 5, 1992 | $2000.00 |
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Reporting Individual's Name
Tim Chapman

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX over $100,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | |
| | Mobil Oil Corporation | | | | | X | | | | | | | | | | | | | Royalty | | | X | | | | | | |
| | Exxon Corporation | | | | | X | | | | | | | | | | | | | Royalty | | | X | | | | | | |
| | Sun Oil Corporation | | | | X | | | | | | | | | | | | | | Royalty | | X | | | | | | | |
| | Freeport McMoRan | | | | | X | | | | | | | | | | | | | Royalty | X | | | | | | | | |
| | Prudential Securities | | | | | | X | | | | | | | | X | | | | | | | | X | | | | | |
| | Callon Consolidated Partners LP | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jim Chapman

| S, DC, JT | BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.) | BLOCK B Valuation of Asset: Year End Value (X) A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | Over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | Over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Sunshine Mining (stock) | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| | Office Building, Church Street, Sulphur Springs, TX | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | House, Church Street, Sulphur Springs, Texas | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | |
| | Office Building, College Street, Sulphur Springs, TX | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | |
| | Office Building, Patterson Street, Sulphur Springs, TX | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | Unimproved property, 10 acres, Hopkins County, TX | | | | X | | | | | | | | | | | | | none | | | | | | | | | | | |
| | Note Receivable - Collins | | | X | | | | | | | | | | X | X | | | | | | | X | | | | | | | |
| | Note Receivable - Roland | | | X | | | | | | | | | | X | X | | | | | | | X | | | | | | | |
| | Bone Texas (stock) | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| | Texaco (stock) | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Texas Energy (stock) | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| | Consolidated Capital (partnership) | | | X | | | | | | | | | | | | X | | | X | | | | | | | | | | |
| S | Teacher Retirement System of Texas | | | X | | | | | | | | | | | | | | employee retirement - spouse - none | | | | | | | | | | | |
| | Prudential Bache Securities | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Shearson Lehman Brothers | | | | | X | | | | | | X | | X | | | | | | | | X | | | | | | | |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jim Chapman

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | B, DC, JT | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | |
| Trust: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First American Bank (Sulphur Springs, TX) | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| Merrill Lynch | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| Putnam Money Market | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| House, West Oak Circle, Sulphur Springs TX | | | | | X | | | | | | | | | | | | | n/a | | X | | | | | | | | |
| Prudential Bache | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| Unimproved Real Estate, Hopkins Co, TX | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | |
| House, McLean, Virginia | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | |
| US Homes (note) | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| Westbrook Finance Co (note) | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| Various Oil Royalties | | | | X | | | | | | | | | | | | | | Royalty | | X | | | | | | | | |
| Prudential Bache Partnership | | | | X | | | | | | | | | X | X | X | | | | | X | | | | | | | | |
| Various Common Stocks | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
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Reporting Individual's Name
Jim Chapman

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Note Receivable - Kenaman (paid in full) | payoff of note receivable | | | 7-28-92 | | X | | | | | |
| | Keokuk Hospital Bonds (redeemed by issuer) | | X | | 5-18-92 | | X | | | | | |
| | Shearson Lehman Brothers (money market investment) | X | | | 6-16-92 | | | X | | | | |
| | Joe N. Chapman Jr., Sulphur Springs, Texas | payoff of mortgage | | | 12-4-92 | X | | | | | | |

Schedule IV

Reporting Individual's Name
Jim Chapman

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St Dover, Del | | | | X | | | |
| | First American Bank, Sulphur Springs, Texas | mortgage on building, Sulphur Springs TX | | X | | | | | |
| | City National Bank, Sulphur Springs Texas | mortgage on building, Sulphur Springs, TX | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs Joseph H Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| Kemper Open | Clothing | $250 |
| | | |
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**Use additional sheets if more space is required.**

Reporting Individual's Name
Jim Chapman

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel-related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Keystone Energy Center | Jan 6-9 | Wash, DC - Aspen - Wash DC | Y | Y | Spouse | N |
| | The Tobacco Institute | Jan 16-19 | Wash, DC - Palm Springs - Wash DC | Y | Y | Spouse | N |
| | Philip Morris | Feb 15-18 | Dallas/Fort Worth - Palm Beach - Wash DC | Y | Y | Spouse | N |
| | International Industrial Symposium on the Super Collider | Mar 6-7 | Wash DC - New Orleans - Texarkana | Y | Y | Spouse | N |
| | U.S. Space Foundation | April 2-4 | Colorado Springs - Wash DC | Y | Y | None | N |
| | Electronics Industries Association | April 13-16 | Wash DC - Ft Myers - Wash DC | Y | Y | Spouse | N |
| | Medical Association of Georgia | July 31 - Aug 2 | Wash DC - Brunswick - Wash DC | Y | Y | Spouse | N |
| | Opportunities, Inc | Aug 12 | Wash DC - Texarkana | N | Y | None | N |
| | Danny Thompson Memorial Golf Tournament | Aug 19-23 | Wash DC - Sun Valley - Salt Lake City | Y | Y | Spouse | N |
| | Delta Air Lines | Aug 23-26 | Salt Lake City - Wash DC | Y | Y | Spouse | N |
| | Philip Morris Legislative Roundtable | Sept 12-13 | Wash DC - New York City - Wash DC | Y | Y | Spouse | N |
| | National Agriculture Chemicals Association | Sept 25-27 | Wash DC - White Sulphur Springs - Wash DC | Y | Y | Spouse | N |
| | Interstate Natural Gas Association of America | Nov 12-15 | Wash DC - Phoenix - Wash DC | Y | Y | Spouse | N |
| | | | | | | | |

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Reporting Individual's Name
Jim Chapman

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| | |
| | None |
| | |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | None | |
| | | |
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GPO: 1992 90-535A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
APR 29 AM 7:43

(10)

MC
(Office Use Only)

William L. Clay
(Full Name)

2306 Rayburn House Office Building
(Mailing Address)

(202) 225-1406
Daytime Telephone

Washington, D.C. 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Missouri District: First | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

## PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6 § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6 § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** William L. Clay

**DATE (Month, Day, Year)** 4-29-93

Reporting Individual's Name

William L. Clay

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Amistad-Warner Communications, Inc.- New York, N.Y. | Book Royalties | $10,000.00 |

For payments to charity in lieu of honoraria, use Schedule II

**Reporting Individual's Name**
William L. Clay

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | Certificate of deposit Congressional Federal C.U. | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | | | Certificate of deposit Pulaski Savings | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | | | Certificate of seposit Congressional Federal C.U. | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | | | Congressional Federal C.U. Certificate of Deposit | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | | | Congressional Federal C.U. Savings account | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page



Schedule III

Reporting Individual's Name: William L. Clay

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | American Express | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Anheuser Busch | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |
| | AT&T | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Jones Medical Inc. | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | I.C. Whitman Corp. | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Institution Mid-American | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | UNUM | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Zerox | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Schwarts Brothers | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | SCS Computer | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Golden Isles Ltd. | | | | X | | | | | | | | | | X | | | X | | | | | | | | | | |
| | Pet Inc. | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Missouri Housing COmmission | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Syms Corp. | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | A.G. Edwards | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William L. Clay

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | Union Electric | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Laclede Gas | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Edison Bros. | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Southwest Bell Corp. | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Missouri State Housing Commission | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Missouri Health & Education Jewish | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Missouri State Third Building | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Missouri State Environmental | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Missouri State Housing | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Missouri State Housing | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Mississippi Highway General | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | IMIT | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | IMIT | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Missouri PCR Assoc. Electric | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | S.E. Missouri Correctional | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | |



Schedule III—Continuation

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William L. Clay

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | Over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | Over $1,000,000 | |
| | IMIT | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | N.Y. State Mortgage Agency | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | N.Y. Dormitory Authority | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | [redacted] | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Reporting Individual's Name: William L. Clay

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| $, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Certificate of Deposit-Congressional Federal CU | | X | | 1/1/92 | X | | | | | | |
| | Certificate of Deposit-Sandy Spring National Bank | | X | | 3/92 | X | | | | | | |
| | Anheuser Busch 100 shares | | X | | 2/92 | X | | | | | | |
| | Missouri Health & Education (St. John) | | X | | 9/1/92 | X | | | | | | |
| | Mo. State Health & Education (Bethesda Eye) | X | | | 1/92 | X | | | | | | |
| | Mo. State Health (Childrens Hospital) | X | | | 1/92 | X | | | | | | |
| | Southwest Mo. Correctional | X | | | 7/92 | X | | | | | | |
| | St. Louis School District | X | | | 12/92 | X | | | | | | |
| | St. Louis Airport | X | | | 7/92 | X | | | | | | |
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Reporting Individual's Name: William L. Clay

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | NONE | NONE | | | | | | | |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | | | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name

William L. Clay

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Congressional Black Caucus Foundation | 2/22/92 | Orlando Fla | Y | Y | Wife | N |
| | L.A. Marathon | 3/92 | Los Angeles | Y | Y | None | N |
| | CNA Health Seminar | 3/16/92 | San Diego Cal. | Y | Y | Wife | N |
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Reporting Individual's Name
William L. Clay

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Trustee | W.E.B Dubois Foundation |
| Trustee<br>Trustee | Congressional Black Caucus<br>Benedict College |
| Trustee | Tougaloo College |
| | |
| | |
| | |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO: 1982 50-635A (m)

193

WILLIAM L. CLAY
1st District, Missouri

COMMITTEE ON
POST OFFICE AND CIVIL SERVICE

SUBCOMMITTEE ON
INVESTIGATIONS

COMMITTEE ON
EDUCATION AND LABOR

COMMITTEE ON
HOUSE ADMINISTRATION

CHAIRMAN
SUBCOMMITTEE ON
LIBRARIES AND MEMORIALS

MARGARET C. MITCHELL
ADMINISTRATIVE ASSISTANT

# Congress of the United States
## House of Representatives
## Washington, DC 20515-2501

MAILING ADDRESS
2306 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-2501
TELEPHONE (202) 225-2406

DISTRICT OFFICES
6187 DELMAR BOULEVARD
ST. LOUIS, MO 63112
TELEPHONE (314) 725-5770

849 CENTRAL CITY SHOPPING CENTER NORTH
ST. LOUIS, MO 63136
TELEPHONE (314) 388-0331

PEARLIE I. EVANS
DISTRICT ASSISTANT

VIRGINIA M. COOK
DISTRICT COORDINATOR

INSIDE MAIL

RECEIVED
MAY 18 '93 8 23

May 17, 1993

2

MC

Mr. Don Anderson
Clerk of The House

Dear Don:

Enclosed please find an amendment to my financial disclosure. I sent the original list in the envelope with the charities.

Sincerely,

Bill

William L. Clay
Member of Congress

WLC:em

Reporting Individual's Name
William L. Clay

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| National Association of Postmasters United States | Speech | Feb. 19, 1992 | $1,000.00 |
| National League of Postmasters | Speech | Feb. 24, 1992 | $1,000.00 |
| Health Association of America | Speech | Feb. 25, 1992 | $2,000.00 |
| CNA | Speech | March 13, 1992 | $2,000.00 |
| Minority Telecommunications | Speech | March 26, 1992 | $1,000.00 |
| AFSME Nurses | Speech | March 24, 1992 | $1,000.00 |
| Food, Beverage Drivers, Teamster Local #337, Detroit Mich. | Speech | June 27, 1992 | $2,000.00 |
| American Postal Workers Union | Speech | Aug. 2, 1992 | $2,000.00 |
| Teamsters Black Caucus | Speech | Oct. 2, 1992 | $2,000.00 |
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**UNITED STATES HOUSE OF REPRESENTATIVES**
**FINANCIAL DISCLOSURE STATEMENT**
Period Covered: January 1, 1992 - May 14, 1993

**FORM B**
For use by candidates for the office of Member and new employees

RECEIVED
OFFICE OF REC...
1993 MAY 18 AM 8:46
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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MC
(Office Use Only)

(6)

EVA M. CLAYTON
(Full Name)

59 RIVER ROAD
(Mailing Address)

LITTLETON, NC 27850

Daytime Telephone: (202) 225-3101

**Filer Status**
- [ ] Candidate for the House of Representatives — State: NC District: FIRST — Date of Election: 11-03-92
- [X] New officer or employee — Employing Office: US House of Representatives

Check if Amendment: [ ]

In all sections, please type or print clearly in black ink.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? (New employees only; *not* candidates.) **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you receive compensation of more than $5,000 from a single source in the two prior years? **If yes, Complete and Attach Schedule VI.** | Yes [X] | No [ ] |
| Each question in this part must be answered. | | | Attach the appropriate schedule for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| Eva M. Clayton | MAY 14, 1993 |

Reporting Individual's Name

EVA M. CLAYTON

## SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

List the source, type, and amount of earned income, including honoraria, from any source (other than your current employment by the U.S. Government) totalling $200 or more during the current year to the filing date *and*, separately, the preceding calendar year. For a spouse, only the source, not amount of earned income needs to be reported, except for honoraria, for which the source and amount must be reported. See Instructions, page 12.

| | Source (Include date of receipt for honoraria) | Type | Amount: Current Year to Filing | Amount: Preceding Year |
|---|---|---|---|---|
| Examples | ABC Corporation, Houston, Texas | Salary | $6,300 | $28,450 |
| | First Bank & Trust, Houston, Texas | Director's Fee | 400 | $3,200 |
| | ABC Trade Association, Chicago, IL. (Rec'd 12-2-91) | Honorarium | NA | $1,000 |
| | Harris County, Texas, Public Schools | Spouse Salary | NA | NA |
| | Technical Resources International, Ltd. Raleigh, NC | Salary | None | 3,482.67 |
| | County of Warren Warrenton, NC | County Commissioner Salary | None | 1,863.00 |
| | Saint Augustine's College Raleigh, NC | Consultant Fee | None | 2,800.00 |
| | Clayton and Clayton, P.A. Warrenton, NC | Spouse Salary | N/A | N/A |
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Reporting Individual's Name
EVA M. CLAYTON

## SCHEDULE II – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the end of the reporting period and (b) any other asset or source of income which generated $200 or more in "unearned" income during the period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide a city and street address or lot number.

In **BLOCK B**, indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

In **BLOCK C**, indicate the type and category of value of "unearned" income for the current year to the filing date *and*, separately, the preceding calendar year, from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only the value and indicate "NA" for income. You must, however, name the institution holding the IRA.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, you may do so in the column for that purpose on the far left. (This column is optional.)

For further information, see Instructions, pages 14–19.

Information current as of the following date: MAY 14, 1993 (Must be within 31 days of filing date)

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Reporting Date Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | Current Year to Date | | | | | | | | | Preceding Year | | | | | | | |
| | None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | OTHER (SPECIFY) | None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 |
| S, DC, JT — Examples: S — ABC Corporation Stock | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | |
| George Wash. Credit Union Accounts | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | X | | | |
| 182 Main Street, Dover, Delaware | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | |
| JT — 307 West Franklin Street Warrenton, NC | | | | X | | | | | | | | X | | | | | | X | | | | | | | | | | | | | X | | | |
| Mechanics & Farmers Bank Raleigh, NC | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| Lincoln National Life Insurance Fort Wayne, IN | | | X | | | | | | | | | | | | | | X | X | | | | | | | | | | X | | | | | | |
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For additional assets and unearned income, use next page

Reporting Individual's Name
EVA M. CLAYTON

## SCHEDULE III—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount or Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H Over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main Street, Dover, Del. | | | | X | | | |
| JT | First Citizens Bank & Trust Company Warrenton, NC | Mortgage on 307 West Franklin Street, Warrenton, NC | | X | | | | | |
| JT | Branch Banking & Trust Company Warrenton, NC | Mortgage (Campaign) on 59 River Road, Littleton, NC | | X | | | | | |
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## SCHEDULE IV—POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Position | Name of Organization | |
|---|---|---|
| President | Technical Resources International, Ltd. | (No longer hold position) |
| Board of Directors | Mechanics & Farmers Bank | (No longer hold position) |
| Member | Warren County Board of Commissioners | (No longer hold position) |
| Chairperson Board of Directors | Kerr-Tar Regional Council of Governments | (No longer hold position) |

**Use additional sheets if more space is required.**

Reporting Individual's Name

EVA M. CLAYTON

## SCHEDULE III—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount or Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H Over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main Street, Dover, Del. | | | | X | | | |
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## SCHEDULE IV—POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Position | Name of Organization | |
|---|---|---|
| Chairperson/Board of Dir. | Housing Assistance Council | (No longer hold position) |
| Member/Board of Directors | National Association of County Officials | (No longer hold position) |
| Member/Board of Directors | North Carolina Association of County Commissioners | (No longer hold position) |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name
EVA M. CLAYTON

## SCHEDULE V—AGREEMENTS (FOR NEW EMPLOYEES ONLY, *NOT* CANDIDATES)

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
| | | |
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## SCHEDULE VI—COMPENSATION IN EXCESS OF $5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any non-profit organization when you directly provided the services generating a fee or payment of more than $5,000. You need not report the U.S. Government as a source. For further information, see Instructions, page 26

| | Source (Name and Address) | Brief Description of Duties |
|---|---|---|
| Examples | Doe Jones & Smith, Hometown, USA | Accounting services |
| | Metro University (client of Doe Jones & Smith), Moneytown, USA | Legal services in connection with university construction |
| | Saint Augustine's College, Raleigh, NC | Planning/Management/Consultant Services re Technical Resources International, Ltd. |
| | Elizabeth City State University, Elizabeth City, NC | " |
| | City of Raleigh, Raleigh, NC | " |
| | North Carolina Institute of Minority Economic Development, Durham, NC | " |
| | North Carolina Rural Economic Development Center, Raleigh, NC | " |
| | Town of Littleton, Littleton, NC | " |
| | | |

GPO 1992 59-635B (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

ROBERT (BOB) N. CLEMENT
(Full Name)

1230 LONGWORTH HOUSE OFFICE BUILDING (202) 225-4311
(Mailing Address) Daytime Telephone

WASHINGTON, DC 20515

HAND DELIVERED

(14)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: TN District: 5 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| Robert (Bob) N. Clement | MAY 17, 1993 |

Reporting Individual's Name
ROBERT (BOB) N. CLEMENT

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | FAIRFAX COUNTY PUBLIC SCHOOLS | SPOUSE SALARY | $1,036 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
ROBERT (BOB) N. CLEMENT

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | US TOBACCO | CELEBRITY CHARITY APPEARANCE | JAN 2-4, 1992 | $1,000 |
| | AMERICAN TRUCKING ASSOCIATIONS | SPEAKING ENGAGEMENT | MARCH 26, '92 | $1,000 |
| | THE TOBACCO INSTITUTE | SPEAKING ENGAGEMENT | SEPT 15, 1992 | $2,000 |

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Reporting Individual's Name
ROBERT (BOB) N. CLEMENT

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| | NOTE RECEIVABLE, GREG MORTON | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DICKSON FINANCIAL CORP STOCK DICKSON, TN | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 25 ACRES FARM LAND WILSON COUNTY, TN | | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ROBERT (BOB) N. CLEMENT

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 over $1,000,000 | | |
| RENTED PERSONAL RESIDENCE 4420 EAST BROOKFIELD, NASHVILLE | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| RSC INV REAL ESTATE HOLDINGS HWY 46, DICKSON, TN, 9% PARTNERSHIP INTEREST | | | | X | | | | | | | X | | | | | | X | | | | | | | | | | |
| | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | | | | | | | | | | | | | | X | | | | | | X | | | | | | | |
| FORREST HILLS DEVELOPMENT, REAL ESTATE HELD FOR INV., HWY 70, DICKSON, TN, 6 2/3 % PARTNERSHIP INTEREST | | | X | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | | | | | | | | | | | | | | | | BUSINESS INCOME | | X | | | | | | | | | |
| MAYBELLE G. CLEMENT INVESTMENTS DICKSON, TN, 1/9 PARTNERSHIP INTEREST | | | X | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | | | | | | | | | | | | | | | | BUSINESS INCOME | X* | X** | | | | | | | | | |
| CROSS PLAINS PARTNERSHIP, 6.7% INTEREST, 11 ACRES, REAL ESTATE CROSS PLAINS, TN | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |

* NET **GROSS

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ROBERT (BOB) N. CLEMENT

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| FRANKLIN NAT'L BANK STOCK FRANKLIN, TN | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| CHARTER EQUITIES, P.O. BOX 831 MURFREESBORO, TN, REAL ESTATE | X | | | | | | | | | | | X | | | | | | X* | | | X** | | | | | | | |
| SYNDICATION BUS, 1/3 PARTNERSHIP INTEREST | | | | | | | | | | | | | | | | | BUSINESS INCOME | X* | | | X** | | | | | | | |
| NORMANDY CHATEAU, RESIDENTIAL RENTAL APTS, 1506 HIGHLAND DR, KNOXVILLE, TN 6.6% PARTNERSHIP INTEREST | | | | X | | | | | | | | X | | | | | | X* | | | | | X** | | | | | |
| RIDGEVIEW APTS, RESIDENTIAL RENTAL, ROUTE 2, JEFFERSON CITY, TN, 25% PARTNERSHIP INTEREST | | | | X | | | | | | | | X | | | | | | X* | | | | | X** | | | | | |
| | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | |
| ROBINSON PROPERTY II, 23 ACRES LOCATED ON PELLISSIPPI PKWY, KNOXVILLE, TN, 7% PARTNERSHIP INTEREST | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |

*NET **GROSS

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ROBERT (BOB) N. CLEMENT

| | BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | COMMERCIAL RENTAL BLDG., TRANSOUTH, 505 BROAD ST, ELIZABETHTON, TN, 1/2 INTEREST | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| 1 | DICKSON COUNTY FARM, 69 ACRES DICKSON CO, TN | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| | FIRST AMERICAN SAVINGS ACCT NASHVILLE, TN | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | DOMINION BANK SAVINGS ACCT ALEXANDRIA, VA | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | TEACHERS INS & ANNUITY ASSN COLLEGE RETIREMENT FUND: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | REGULAR | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | SUPPLEMENTAL | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | STATE OF TN RETIREMENT | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ROBERT (BOB) N. CLEMENT

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| IRA'S: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TN TEACHERS CREDIT UNION | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| J.C. BRADFORD & CO:BANK OF ~~NASHVILLE STOCK~~ | | | X | | | | | | | | | | | | | | | X | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THIRD NATIONAL BANK | | | X | | | | | | | | | | | | | | | X | | | | | | | | | X |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MERRILL LYNCH: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MORGAN STANLEY | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| DOLLAR GENERAL STORE | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| ENGRAPH STOCK | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| EATON VANCE PRIME TRUST | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| M/LYNCH RETIREMENT RESERVE | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| WILSON BANK & TRUST | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| HEALTH TRUST | | | X | | | | | | | | | | | | | | | | X | | | | | | | | |
| REPUBLIC AUTO PARTS | | | X | | | | | | | | | | | | | | | X | | | | | | | | | X |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ROBERT (BOB) N. CLEMENT

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | IRA'S CONTINUED: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | MERRILL LYNCH: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | ENGRAPH | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| S | M/LYNCH RETIREMENT RESERVE | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DC | PRUDENTIAL BACHE SECURITIES | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |



Schedule III – Continuation

Reporting Individual's Name
ROBERT (BOB) N. CLEMENT

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | THIRD NATIONAL BANK (ROLLED OVER INTO MERRILL LYNCH ~~IRA~~) | | | X | 11-13-92 | X | | | | | | |
| | REPUBLIC AUTO PARTS | X | | | 10/13/92 | X | | | | | | |

Reporting Individual's Name
ROBERT (BOB) N. CLEMENT

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del | | | | X | | | |
| | THE KISSELL COMPANY, SPRINGFIELD, OHIO | MORTGAGE ON RENTAL RESIDENCE NASHVILLE, TN | | X | | | | | |
| | FEDERAL LAND BANK, LOUISVILLE, KY | MORTGAGE ON 25 ACRE FARM WILSON CO, TN | | X | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs Joseph H Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name
ROBERT (BOB) N. CLEMENT

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | US TOBACCO | JAN 2-5 1992 | WASH.,DC-BOCA RATON,FL WASH.,DC. | Y | Y | SPOUSE | 1 NIGHT |
| | SOUTHEASTERN TOURISM SOCIETY | JUNE 12,13 1992 | VIRGINIA BEACH (PROVIDED OWN TRANSPORTATION) | Y | Y | SPOUSE & 2 DAUGHTERS (PERSONALLY PAID FOR DAUGHTERS) | 1 NIGHT |
| | | | | | | | |
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This page may be copied if more space is required.

| Reporting Individual's Name |
| --- |
| ROBERT (BOB) N. CLEMENT |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
| --- | --- |
| PARTNER | ROBINSON PROPERTY II LTD |
| PARTNER | CHARTER EQUITIES |
| PARTNER | NORMANDY CHATEAU |
| PARTNER | RIDGEVIEW APARTMENTS |
| PARTNER | RSC INVESTMENTS |
| PARTNER | FORREST HILLS DEVELOPMENT (CONTINUED ON ATTACHED PAGE) |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
| | | |
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GPO: 1982 O—335A (pb)

PART VIII - POSITIONS (CONTINUED)

| | |
|---|---|
| PARTNER | MAYBELLE G. CLEMENT INVESTMENTS |
| PARTNER | CROSS PLAINS PARTNERSHIP |
| BOARD MEMBER | BOARD OF TRUST, CUMBERLAND UNIVERSITY |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 14 PM 12 03

WILLIAM FLOYD CLINGER, JR.
(Full Name)

ROOM 2160 RAYBURN HOUSE OFFICE BUILDING
(Mailing Address)

202/225-5121
Daytime Telephone

WASHINGTON, D.C. 20515

MC (9)

**HAND DELIVERED**

(Office Use Only)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: PENNSYLVANIA District 5TH | [ ] Officer or Employee | Employing Office. |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [X] | No [ ] |
| **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL**
William F. Clinger

**DATE (Month, Day, Year)**
MAY 14, 1993

Reporting Individual's Name
WILLIAM F. CLINGER, JR.

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| S | ALLIANCE FUND | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | |
| | | | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | |
| | AMERICAN ELECTRIC POWER | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| S | AMERICAN TELEPHONE & TELEGRAPH | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | |
| | AMERICAN TELEPHONE & TELEGRAPH | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| S | AMERITECH | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| S | BELL ATLANTIC | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: WILLIAM F. CLINGER, JR.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | BELL SOUTH | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| S | BELL SOUTH | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| S | BLAIR CORPORATION | | | | | | | | X | | | X | | | | | | | | | | | | X | | | | | |
| | BLAIR CORPORATION | | | | | | | X | | | | X | | | | | | | | | | | | X | | | | | X |
| S | BORDEN, INC. | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | |
| S | BRISTOL MYERS SQUIBB | | | | X | | | | | | | X | | | | | | | | | | | | X | | | | | |
| | CBS, INC. | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | CHASE MANHATTAN CORP. | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | CHRYSLER CORP. | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | CITICORP | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | X |
| S | CMA TAX EXEMPT FUND | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | CMA TAX EXEMPT FUND | | | | | | X | | | | | X | | | | | | | | | | | | X | | | | | |
| | COMERICA, INC. | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | CORTLAND GENERAL MONEY MARKET FUND | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| S | EASTMAN KODAK CO. | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: WILLIAM F. CLINGER, JR.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Year End Value (X) | | | | | | | | | | Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | | | |
| S, DC, JT | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| | EASTMAN KODAK CO. | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | EATON CORP. | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | EXXON CORP. | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | | |
| | FISHER COS. INC. | | | | | | X | | | | | X | | | | | | | | | | | X | | | | | | | |
| | GENERAL ELECTRIC | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | | | |
| S | GENERAL ELECTRIC | | | | | | X | | | | | X | | | | | | | | | | | X | | | | | | | |
| S | GENERAL MOTORS CORP. | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | GENERAL MOTORS CORP. | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | X |
| | HALLIBURTON COMPANY | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | X |
| S | IBM CORP. | | | | | X | | | | | | X | | | | | | | | | | | | X | | | | | | |
| | IBM CORP. | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | INTEGRA FINANCIAL CORP. | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| S | JC PENNEY CO. | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | | |
| S | JOHNSON & JOHNSON | | | | X | | | | | | | X | | | | | | | | | | | | X | | | | | | |
| | MANUFACTURERS NATIONAL | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | X |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: WILLIAM F. CLINGER, JR.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| S | MAY DEPARTMENT STORES | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | |
| | MEDRAD, INC. | | | X | | | | | | | | X | | | | | | X | | | | | | | | | | X |
| | MINNESOTA, MINING & MANUFACTURING | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| S | MINNESOTA, MINING & MANUFACTURING | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| S | NYNEX | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| S | PACIFIC TELESIS | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | PACIFIC TELESIS | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | PENNSYLVANIA POWER & LIGHT | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| S | PEPSICO, INC. | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | |
| S | PETROLEUM & RESOURCES CORP. | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | PFIZER, INC. | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |
| S | PHILADELPHIA ELECTRIC CO. | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | PNC FINANCIAL | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| S | POLAROID CORP. | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| S | QUAKER STATE OIL | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: WILLIAM F. CLINGER, JR.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | SCOTT PAPER CO. | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | SEARS ROEBUCK & CO. | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| S | SKYLINE CORP. | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | SOUTHERN CO. | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| S | SOUTHWESTERN BELL CORP. | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| S | US WEST | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | WARNER LAMBERT CO. | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| S | WESTINGHOUSE ELECTRIC CORP. | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | WEYERHAEUSER CO. | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| S | XEROX CORP. | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | LA CENTRAL NET PROFITS UNITS | | | X | | | | | | | | | | | | | | ROYALTY | | | | X | | | | | | | | |
| | KANSAS CITY SINGLE FAMILY MORTGAGE REVENUE BOND | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | WESTMORELAND COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY BOND | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | LELLA MAY H. CLINGER TRUST B (TRUST ASSETS UNKNOWN-SEE PAGE 1) | | | | | | | | | | | | | | | | | INCOME DISTRIBUTION | | | | | | X | | | | | | |
| | WILLIAM FLOYD CLINGER TRUST B (TRUST ASSETS UNKNOWN-SEE PAGE 1) | | | | | | | | | | | | | | | | | INCOME DISTRIBUTION | | | | | | X | | | | | | |

Reporting Individual's Name
WILLIAM F. CLINGER, JR.

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | BLAIR CORPORATION (sold 200 shares of common stock) | | X | | 06/04/92 | X | | | | | | |
| | CITICORP COMMON STOCK | | X | | 06/04/92 | X | | | | | | |
| | GENERAL MOTORS CORP. COMMON STOCK | | X | | 06/04/92 | X | | | | | | |
| | GULF USA CORP. COMMON STOCK (formerly Gulf Resources & Chemical) | | X | | 06/04/92 | (less than $1000) | | | | | | |
| | HALLIBURTON CORP. COMMON STOCK | | X | | 06/04/92 | X | | | | | | |
| | PNC FINANCIAL CORP. COMMON STOCK (sold 74 shares of common stock) | | X | | 06/04/92 | X | | | | | | |
| | WELKOM GOLD HOLDINGS LTD. COMMON STOCK | | X | | 06/08/92 | (less than $1000) | | | | | | |
| | CORTLAND GENERAL MONEY MARKET FUND | X | | | 06/11/92 | | X | | | | | |
| | MEDRAD INC. COMMON STOCK | X | | | 06/16/92 | X | | | | | | |
| | MANUFACTURERS NATIONAL CORP. BECAME COMERICA (common stock) | | | X | 06/29/92 | X | | | | | | |
| S | MERRILL LYNCH MONEY MARKET | | X | | 06/30/92 | (less than $1000) | | | | | | |
| | | | | | | | | | | | | |
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Reporting Individual's Name

WILLIAM F. CLINGER, JR.

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure – Destination(s) – Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C. – Chicago – Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C. – Los Angeles – Cleveland | Y | Y | Spouse | 4 Days |
| | AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES (speech/panel) | JAN. 24-26 | WASH., D.C.-SARASOTA, FLA., -WASH., D.C. | Y | Y | SPOUSE | N |
| | RIPON EDUCATION FUND (speeches/panels) | NOV. 6-21 | WASH., D.C.-BRUSSELS-PARIS-VENICE-WASH., D.C. | Y | Y | SPOUSE | 8 days |
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This page may be copied if more space is required.

| Reporting Individual's Name |
| --- |
| WILLIAM F. CLINGER, JR. |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
| CHAIRMAN, BOARD OF DIRECTORS | RIPON EDUCATION FUND, INC. |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 28.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
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GPO: 1983 38-634A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 PM 3:06
U.S. HOUSE OF REPRESENTATIVES

(7)

MC HAND DELIVERED
(Office Use Only)

James E. Clyburn
(Full Name)

501 Juniper Street
(Mailing Address)

Daytime Telephone: (803) 799-1100

Columbia, South Carolina 29203

| | | | |
|---|---|---|---|
| **Filer Status** | [ ] Member of the U.S. House of Representatives [XX] | State: South Carolina District: Sixth | [ ] Officer or Employee — Employing Office: |
| **Report Type** | [XX] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes | XX | No | | |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes | | No | XX | |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes | XX | No | | |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes | | No | NA | |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes | XX | No | | |
| Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes | | No | XX | |
| Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes | | No | XXX | |
| Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes | XX | No | | |
| Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes | | No | XX | |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes | | No | XX |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes | | No | XX |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6 § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** James E. Clyburn

**DATE (Month, Day, Year)** May 14, 1993

Reporting Individual's Name

James E. Clyburn

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Comptroller General, State of South Carolina | Salary | $ 66,404 |
| | C & S Sovran | Director's Fees | $ 3,300 |
| | The Coastal Times | Publisher/Partner | $ 22,774 |
| | South Carolina Retirement System | Retirement from the State of S.C. | $ 27,777 |
| | U.S. Department of Veterans Affairs | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
James E. Clyburn

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | BLOCK C: Category of Amount of Income (X) | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| | NationsBank of South Carolina | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | |
| | Fort Jackson FCU | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| | S. C. State Credit Union | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| | South Carolina National Bank | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | NationsBank Corporation Stock | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page



Schedule III

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: James E. Clyburn

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| SCANA Corporation | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Automated Data Processing, Inc. | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| 417 & 419 Juniper St. Columbia, SC | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| 1414 Dunbar St. Myrtle Beach, SC | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| 16 Darlington Ave. Chas., SC | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | |
| 645-47 W. Liberty St. Sumter, SC | | | X | | | | | | | | | X | | | | | 25% Ownership | | | X | | | | | | | | |
| NationsBank - IRA | | | X | | | | | | | | X | | X | X | | | | NA | + | IRA | | | | | | | | |
| Merrill Lynch - SEP | | X | | | | | | | | | X | | X | X | | | | NA | + | SEP | | | | | | | | |
| Clyburn for Congress Note | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |

Reporting Individual's Name
James E. Clyburn

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del | | | | X | | | |
| | MLA Inc., Lakeview, Ohio | Mortgage on 417 Juniper St. Columbia, SC | | X | | | | | |
| | Countrywide Mortgage, Pasadena, CA | Mortgage on 1414 Dunbar St. Myrtle Beach, SC | | X | | | | | |
| | NationsBank of South Carolina | Mortgage on 16 Darlington Ave. Charleston, SC | | X | | | | | |
| | NBSC Sumter, South Carolina | Mortgage on 645-47 W. Liberty St., Sumter, SC | | X | | | | | |
| | NBSC Sumter, South Carolina | Contingent Liability - Endorser for Campaign Debt | | | X | | | | |
| | | | | | | | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| NA | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name
James E. Clyburn

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Publisher/Partner | The Coastal Times |
| Director | C & S Sovran (resigned in 1992) |
| Chairman of Board | Say Yes to Youth, Inc. (resigned in 1992) |
| Chairman of Board | Palmetto Issues Conference, Inc. (resigned in 1992) |
| Board Member | Sickle Cell Foundation (resigned in 1992) |
| Board Member | United Way of the Midlands (resigned in 1992) |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO 1993 86-535A (pm)

Schedule VIII - Positions Continued

| Positions | Name of Organization |
| --- | --- |
| Board Member | Wofford College |
| Board Member | South Carolina Literary Council |
| Board Member | Richland Memorial Cancer Treatment and Research Center |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 14 AM 11: 16

HAND DELIVERED

(Office Use Only)

John Howard Coble
(Full Name)

5741-L Bramblegate Road
(Mailing Address)

Daytime Telephone

Greensboro, North Carolina 27409 (202) 225-3065 or (919) 333-5005

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: North Carolina District: 06 | [ ] Officer or Employee | Employing Office. |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** John Howard Coble

**DATE (Month, Day, Year)** 5-13-93

Reporting Individual's Name

John Howard Coble

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| U.S. Tobacco Corporation, Greenwich, CT | Speech | January 3, 1992 | $1,000 |
| National Association of Broadcasters, Washington, DC | Speech | May 6, 1992 | $2,000 |
| American Amusement Machine Association, Chicago, IL | Appearance at DC reception | June 9, 1992 | $100 |
| National Grocers Association, Washington, DC | Appearance at DC reception | June 23, 1992 | Order of groceries |
| Philip Morris, Inc., Richmond, VA | Speech | August 10, 1992 | $2,000 |

This page may be copied if more space is required.

Reporting Individual's Name
John Howard Coble

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

**In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.**

**In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".**

**In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.**

**In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.**

**If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.**

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX over $100,000 | |
| S, DC, JT Examples: | S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Ada Services Common Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Food Lion Common Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Forum Group Common Stock | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Wal Mart Common Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| | Ryan's Steak House Common Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | R.J. Reynolds Common Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John Howard Coble

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX over $100,000 | |
| Immunex Corporation Common Stock | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| Toys R Us Common Stock | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| 1840 Villa Drive, Greensboro, NC | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | X |
| 1 acre + dwelling, Blowing Rock, NC | | | | | X | | | | | | | | | | | | | | | | | | | | | | |
| 78 acre farm, Henry County, VA (½int) | | | | | X | | | | | | | | | | | | | | | | | | | | | | |
| U Filler Up, Inc., Stock Certificate | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| Southeastern S&L Stock Certificate | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| First Union National Bank-Checking | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | |
| State Employees Credit Union-Savings | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| 1st Home Federal S&L-Savings | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| 1st Home Federal S&L-Checking | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| Gate City S&L-Savings | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | X |
| BB&T Savings Bank-Savings | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | |
| Merrill Lynch Cash Management Account | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet

| BLOCK A | BLOCK B | BLOCK C | BLOCK D |
|---|---|---|---|
| Wright Patman Federal Credit Union | "C" | Interest Amount: II | X |
| Bank of North Carolina Stock Certificate | "B" | Dividends Amount: I | X |
| Merrill Lynch Individual Retirement Account (this IRA contains Food Lion stock with a value of B; R.J. Reynolds stock with a value of B; plus cash with a value of B) | "B" | Interest Amount:II | |
| Jefferson-Pilot Life Insurance Annuity | "B" | Dividends Amount: II | |
| SMA Life Insurance Annuity | "B" | Dividends Amount: I | |

Reporting Individual's Name: John Howard Coble

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | 1840 Villa Drive, Greensboro, NC | X | | | 3-12-92 | | X | | | | | |
| | Immunex Corporation Common Stock | | X | | 4-2-92 | X | | | | | | |
| | Wal Mart Common Stock | X | | | 4-3-92 | X | | | | | | |
| | Wright Patman Federal Credit Union-Savings | X | | | 6-30-92 | | X | | | | | |
| | Gate City S&L-Savings** | | | X | 4-24-92 | | | X | | | | |
| | Bank of North Carolina Stock Certificate ↔ | X | | | 12-3-91 | X | | | | | | |
| | | | | | | | | | | | | |
| | **Gate City merged with BB&T on 6/30/92 | | | | | | | | | | | |
| | ↔This was inadvertently omitted from my 1991 form which will be amended. | | | | | | | | | | | |

Reporting Individual's Name

John Howard Coble

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | U.S. Tobacco Corporation | Jan 2-4 | Wash,DC-Boca Raton,FL-Wash | Y | Y | None | N |
| | Far East Studies Institute * | Jan 4-18 | Wash,DC-Beijing-HongKong-DC | Y | Y | None | N |
| | Congressional Charity Tennis | Mar 6-8 | Wash,DC-White Sulpher Springs WV-Washington, DC | Y | Y | None | N |
| | Nat'l. Agricultural Chem. Assoc. | Sept 26-28 | Wash,DC-White Sulphur Springs WV-Washington, DC | Y | Y | None | N |
| | | | | | | | |
| | | | | | | | |
| | * This trip was a USIA-approved cultural exchange so normal limits on foreign travel do not apply. | | | | | | |
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| Reporting Individual's Name |
|---|
| John Howard Coble |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Member | Board of Associates, Greensboro College, Greensboro, North Carolina |
| Member | National Commission on the Future of High Point University, High Point, North Carolina |
| Member | Board of Visitors, Guilford College, Greensboro, North Carolina |
| Member | Congressional Advisory Board, Congressional Youth Leadership, Washington, DC |
| Member | National Advisory Board, Jefferson Educational Foundation, Washington, DC |
| Member | Advisory Board, Far East Studies Institute, Washington, DC |
| Member | Congressional Board of Advisors, Common Sense, Inc., Stafford, Virginia |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 28.

| Date | Parties To | Terms of Agreement |
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GPO: 1992 [illegible]

**HOWARD COBLE**
SIXTH DISTRICT
NORTH CAROLINA

COMMITTEES
JUDICIARY
MERCHANT MARINE AND FISHERIES

403 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3306
PHONE: (202) 225-3065
FAX: (202) 225-8611

SUITE 247
324 WEST MARKET STREET
GREENSBORO, NC 27401-2544
PHONE: (919) 333-5005
FAX: (919) 333-5048

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241 SUNSET AVENUE
ASHEBORO, NC 27203-5858
PHONE: (919) 626-3060
FAX: (919) 626-4533

P.O. BOX 814
124 WEST ELM STREET
GRAHAM, NC 27253-0814
PHONE: (919) 229-0159
FAX: (919) 228-7974

510 FERNDALE BOULEVARD
HIGH POINT, NC 27262-4742
PHONE: (919) 886-5106
FAX: (919) 886-8740

P.O. BOX 1813
SUITE A
1404 PIEDMONT DRIVE
LEXINGTON, NC 27293-1813
PHONE: (704) 246-8230
FAX: (704) 246-4275

# Congress of the United States
## House of Representatives
### Washington, DC 20515-3306

May 25, 1993

1

MC

The Honorable Donnald Anderson
Clerk of the House
c/o Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

Dear Donn:

This is to amend Schedule IV of my 1992 financial disclosure statement. Thank you for your assistance with this request.

The first transaction on the schedule, 1840 Villa Drive, Greensboro, North Carolina, is listed as a purchase on 3-12-92. It should have been listed as a sale on the same date.

Thank you for adding this to my 1992 financial disclosure statement. If you need additional information, please do not hesitate to contact me or my administrative assistant Ed McDonald. If there is anything our office may do to assist you, please do not hesitate to let us know.

Sincerely,

Howard

HOWARD COBLE
Member of Congress

HC:emc

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 17 PM 2:53

HAND DELIVERED

5

MC (Office Use Only)

Ronald D. Coleman
(Full Name)

440 Cannon House Office Building
(Mailing Address)

(202) 225-4831
Daytime Telephone

Washington, DC 20515

| | | | |
|---|---|---|---|
| **Filer Status** | [x] Member of the U.S. House of Representatives — State: Texas District: 16 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [x] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [x] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [ ] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [x] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [x] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [x] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [x] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [x] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [x] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [x] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [x] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [x] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Ronald D. Coleman

**DATE (Month, Day, Year)** 5/17/93

Reporting Individual's Name
Ronald D. Coleman

## SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | U.S. House of Representatives Committee on House Administration | Spouse Salary | |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Ronald D. Coleman

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Prudential Insurance | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Congressional Credit Union | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Congressional Credit Union | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
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For additional assets and unearned income, use next page

Reporting Individual's Name
Ronald D. Coleman

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, SP, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | M Bank, El Paso | Personal Loan | | X | | | | | |
| | Congressional Credit Union | Personal Loan | X | | | | | | |
| | Charles Crowder | Loan to Ronald D. Coleman Blind Trust | | | X | | | | |
| | Deborah Kastrin | Loan to Ronald D. Coleman Blind Trust | | | X | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mr. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name
Ronald D. Coleman

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Greater Miami Chamber of Commerce Miami Congressional Workshop | Jan. 10-12 | Wash., DC - Miami - Wash., DC | Y | Y | Spouse | N |
| | Dallas-Fort Worth International Airport Board | Jan. 22-23 | Wash., DC - Dallas - El Paso | Y | Y | None | N |
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# UNITED STATES HOUSE OF REPRESENTATIVES

## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

Barbara-Rose Collins
(Full Name)

1108 Longworth House Office Building Wash. D.C. 20515 (202) 225-2261
(Mailing Address) Daytime Telephone:

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: Michigan District: 15th | [ ] Officer or Employee | Employing Office: |
| Report Type | [x] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report, may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Barbara-Rose Collins

DATE (Month, Day, Year): 5-27-93

Reporting Individual's Name
Barbara-Rose Collins

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | N/A | | |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Barbara-Rose Collins

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | | | | |
| N/A | | | | |
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Schedule II

**Reporting Individual's Name**
Barbara-Rose Collins

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | | 2256 Leland Detroit, MI | | | | X | | | | | | | | X | | | | | | X | | | | | | | | | | | |
| | | Westinghouse Electric | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | X |
| | | Puget Sound Power & Light | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | X |
| | | MCI Communications | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | | Marriott Corp. | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | | Centerior Energy Corp. | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | X |

**For additional assets and unearned income, use next page**

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Barbara-Rose Collins

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | First of Michigan | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Detroit Municipal C.U. | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Detroit Teachers C.U. | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Corp. Fed. C.U. | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |
| | 1st Financial C.U. | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Comerica | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | John Hancock Finan. | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |

Reporting Individual's Name: Barbara-Rose Collins

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Puget Sound Power & Light Common Stock | | X | | 9-17-92 | X | | | | | | |
| | Centerior Energy - Common Stock | X | | | 9-24-92 | X | | | | | | |
| | Westinghouse Electric - Common Stock | | X | | 1-14-92 | X | | | | | | |
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Reporting Individual's Name
Barbara-Rose Collins

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| Sp. Dep. | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | N/A | | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | N/A | |
| | | |
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| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

Barbara-Rose Collins

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed. Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C | N | Y | None | N |
| | ABC Corporation | Aug 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | American Medical Association | Feb. 28 - Mar. 1 | Wash., D.C.-Palm Beach, Fl. -D.C. | Y | Y | None | N |
| | Sta Phi Beta | Jul 8-9 | Det.-Atlanta-NYC | Y | Y | None | N |
| | Sleepy Hollow School | Aug. 15-22 | Det-Aruba-Det | Y | Y | None | N |
| | Congressional Black Caucus Leadership Institute | Nov. 10-22 | Det-Atlanta-Wash. D.C. | Y | Y | None | N |
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| Reporting Individual's Name |
| --- |
| Barbara-Rose Collins |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
| N/A | |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
| N/A | | |
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GPO: 1992 50-635A (m)

BARBARA-ROSE COLLINS
13TH DISTRICT, MICHIGAN

COMMITTEES
PUBLIC WORKS AND TRANSPORTATION
AVIATION
ECONOMIC DEVELOPMENT
WATER RESOURCES

POST OFFICE AND CIVIL SERVICE
POSTAL PERSONNEL AND MODERNIZATION

SELECT COMMITTEE ON
CHILDREN, YOUTH, AND FAMILIES

HAND DELIVERED

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OFFICE OF RECORDS & REGISTRATION
1993 JUL 1 AM 10 34
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

WASHINGTON OFFICE
1541 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515-2213
(202) 225-2261

DISTRICT OFFICE
1543 E. LAFAYETTE
DETROIT, MICHIGAN 48207
(313) 967-2233

**Congress of the United States**
**House of Representatives**
**Washington, DC 20515**

June 30, 1993

(2)

MC ✓

The Honorable Jim McDermott
Chairman
Committee on Standards
of Official Conduct
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman McDermott:

Please find enclosed herewith my Amended Financial Disclosure Statement.

If you have any questions or concerns, please do not hesitate to contact me at 225-2261.

Sincerely,

Barbara-Rose Collins

Barbara-Rose Collins
Member of Congress

AS AMENDED JUNE 29, 1993

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1993 JUL 31 AM 10:33

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

**Reporting Individual's Name**
Barbar-Rose Collins

# SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel-related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

| | Source | Date(s) | Point of Departure – Destination(s) – Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C. – Chicago – Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6–13 | Wash., D.C. – Los Angeles – Cleveland | Y | Y | Spouse | 4 Days |
| | Congressional Black Caucus Leadership Institute | Nov. 10–12 | Det.-Atlanta-Wash., D.C. | Y | Y | None | N |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(5)

1993 MAY 17 PM 1:50

CARDISS R. COLLINS
(Full Name)

400 Madison , Apt. 1508
(Mailing Address) Daytime Telephone

Alexandria, VA 22314

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives — State: Illinois, District: Seventh | [ ] Officer or Employee | Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

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(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? If yes, Complete and Attach Schedule I. | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, Complete and Attach Schedule VI. | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, Complete and Attach Schedule II. | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, Complete and Attach Schedule VII. | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, Complete and Attach Schedule III. | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, Complete and Attach Schedule VIII. | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, Complete and Attach Schedule IV. | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? If yes, Complete and Attach Schedule IX. | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, Complete and Attach Schedule V. | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Cardiss Collins

DATE (Month, Day, Year): May 17, 1993

Reporting Individual's Name

CARDISS R. COLLINS

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| | Congressional Credit Union, Washington, D.C., personal account | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | First National Bank of Chicago, Chicago, IL - various accounts | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | First Prairie Tax Exempt Money Market Account, Chicago, IL | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Pueblo County, Colorado Bond | | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| | Minneapolis, MN., Bond | | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| | Westmoreland Cnty., PA Bond | | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: CARDISS R. COLLINS

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | Occidental Petroleum Corp. Capital Stock | | | x | | | | | | | | x | | | | | | | | | x | | | | | | | | |
| | FPL Group Inc. Common Stock | | | x | | | | | | | | x | | | | | | | | | x | | | | | | | | |
| | May Dept. Stores Common Stock | | | x | | | | | | | | x | | | | | | | | | x | | | | | | | | |
| | Emerson Electric Co. Common Stock | | | x | | | | | | | | x | | | | | | | | | x | | | | | | | | |
| | Security Pacific Corp. Common Stock | x | | | | | | | | | | x | | | | | | | | | x | | | | | | | | X |
| | St. Paul Co. Common Stock | | | | x | | | | | | | x | | | | | | | | | x | | | | | | | | |
| | Dallas, Texas Bonds | | | | | x | | | | | | | | x | | | | | | | | | x | | | | | | |
| | GTE Corp. Common Stock | | | x | | | | | | | | x | | | | | | | | | x | | | | | | | | |
| | Long Island Lighting Co. Common Stock | | | x | | | | | | | | x | | | | | | | | | x | | | | | | | | |
| | Clorox Co. Common Stock | | | x | | | | | | | | x | | | | | | | | | x | | | | | | | | |
| | Storefront type building (1 story) - 3851 W. Roosevelt Rd., Chicago, IL | x | | | | | | | | | | | | | x | | | | | | | | | | x | | | | x |
| | Merrill Lynch Money Market | | | | x | | | | | | | x | | | | | | | | | x | | | | | | | | |
| | Barnett Bank, Boca Raton, FL | | | x | | | | | | | | | | X | | | | | x | | | | | | | | | | |
| | Bank America Corp. Common Stock | | | | x | | | | | | | x | | | | | | | | | x | | | | | | | | x |
| | Installment Note Receivable - First Holy Missionary Baptist Church | | | X | | | | | | | | | | x | x | | | | | | | | x | | | | | | x |

Reporting Individual's Name

CARDISS R. COLLINS

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Storefront type building (1 story) 3851 W. Roosevelt Road, Chicago, IL | | x | | 07-13-92 | | x | | | | | |
| | Security Pacific Corp. Common Stock* | | | x | 04-27-92 | | x | | | | | |
| | Bankamerica Corp. Common Stock* | | | x | 04-27-92 | | x | | | | | |
| | Installment Note Receivable - First Holy Missionary Baptist Church ** | | | x | 07-13-92 | x | | | | | | |
| | * Security Pacific merged into Bankamerica | | | | | | | | | | | |
| | ** Part of sale price for storefront type building, above | | | | | | | | | | | |

Schedule IV

Reporting Individual's Name

CARDISS R. COLLINS

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Golden Triangle Coalition of Black Democrats (Speech) | Feb. 17-18 | Wash.,D.C.-Houston-Wash.,D.C. | Y | Y | None | No |
| | Congressional Black Caucus Retreat | Feb. 21-22 | Wash.,D.C.-Orlando-Wash.,D.C. | Y | Y | None | No |
| | Futures Industries Association (Speech) | Mar. 19-21 | Wash.,D.C.-Boca Raton-Wash.,D.C. | Y | Y | None | No |
| | Alpha Kappa Alpha Sorority (Speech) | Jul. 17-19 | N.Y.,N.Y.-New Orleans-Wash.,D.C. | Y | Y | None | No |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 17 AM 9:57

(5)

MICHAEL ALLEN COLLINS
(Full Name)

ROUTE 3, BUTTRILL ROAD
(Mailing Address)

202-225-5901
404-775-3214
Daytime Telephone

JACKSON, GEORGIA 30233

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Georgia District: 3rd | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

HAND DELIVERED

mc (Office Use Only)

## PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** – Have you excluded from the report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL**: Michael A. Collins

**DATE (Month, Day, Year)**: 5-13-93

Reporting Individual's Name
Michael A. Collins

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| Source | Type | Amount |
|---|---|---|
| Examples: State College | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 3rd) | Spouse Speech | $1,000 |
| Fairfax County Board of Education | Spouse Salary | NA |
| COLLINS TRUCKING COMPANY, INC. | SALARY | |
| STATE OF GEORGIA | SALARY | |
| STATE OF GEORGIA | PER DIEM & MILEAGE | |
| COLLINS TRUCKING COMPANY, INC. | SPOUSE SALARY | N/A |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

Michael A. Collins

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | | Type of Income (X) | | | | | | | | Category of Amount of Income (X) | | | | | | | | | | | | | |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H Over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX Over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | COLLINS TRUCKING CO., INC. | | | | | | | | | X | | | X | | | | | | | | | | | | | | X | | | | | |
| | COLLINS & WHITAKER PARTNERSHIP | | | | | X | | | | | | | | | | X | | | | X | | | | | | | | | | | | |
| | JACKSON INVESTMENT CLUB | | | | X | | | | | | | | X | | | X | | | | X | | | | | | | | | | | | |
| | JAMES A. FREEMAN NOTE | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | COMMERCIAL PROPERTIES NOTE | | X | | | | | | | | | | | | X | X | | | | | | | | | X | | | | | | | |
| | TARA STATE BANK IRA's | | | | | X | | | | | | | | | | | | | NA | | | | | | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name

Michael A. Collins

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | MCINTOSH STATE BANK | DEMAND NOTE | | | X | | | | |
| | FIRST SOUTH BANK | LOAN ASSUMPTION - SBA LOAN | | x | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name

Michael A. Collins

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| DIRECTOR | GEORGIA FORESTRY ASSOCIATION |
| PRESIDENT (1992) | COLLINS TRUCKING COMPANY, INC. |
| EMPLOYEE (1993) | COLLINS TRUCKING COMPANY, INC. |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO 1983 50-535A (25)

MICHAEL A. "MAC" COLLINS
3D DISTRICT, GEORGIA

1118 LONGWORTH HOB
WASHINGTON, DC 20515
(202) 225-5901

CONSTITUENT SERVICE CENTERS
173 NORTH MAIN STREET
JONESBORO, GA 30236
(404) 603-3395
1-800-REP-3-MAC

5704 BEALLWOOD CONNECTOR
SUITE 200
COLUMBUS, GA 31904
(706) 327-7228

# Congress of the United States
## House of Representatives
### Washington, DC 20515-1003

COMMITTEE ON PUBLIC WORKS AND TRANSPORTATION
SUBCOMMITTEES
SURFACE TRANSPORTATION
ECONOMIC DEVELOPMENT
AVIATION

COMMITTEE ON SMALL BUSINESS
SUBCOMMITTEES
RURAL ENTERPRISES, EXPORTS AND THE ENVIRONMENT
LEGISLATION AND THE GENERAL ECONOMY

CO-CHAIRMAN
TASK FORCE ON TAX POLICY AND JOB CREATION

June 11, 1993

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OFFICE OF RECORDS & REGISTRATION
1993 JUN 11 PM 3 18
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

HAND DELIVERED

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MC

Donnald K. Anderson
Clerk of the House
H-105 Capitol
Washington, D.C. 20515

Dear Donnald:

Yesterday I picked up a copy of my Financial Disclosure form on June 10, 1993 and noticed that unfortunately due to clerical error my worksheet rather than the final copy of the form was sent to your office. I realize this was an error on my behalf and would like to amend the disclosure with the following information that was inadvertently omitted.

On Schedule 1-Earned Income form, the amount of salaries for myself should be as follows:

| | |
|---|---|
| Collins Trucking Company, Inc. | 104,355.78 |
| State of Georgia | 9384.91 |
| State of Georgia | 2785.00 |

I have enclosed a copy of the Schedule 1-Earned Income form that has the above information in the proper location.

I apologize for the ommission and any extra work this has caused. Thank you for your time and help in this matter.

Sincerely,

Mac Collins

MAC Collins

MC/adj

PRINTED ON RECYCLED PAPER

HAND DELIVERED

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 JUN 11 PM 3:18
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Reporting Individual's Name: Michael A. Collins

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| Source | Type | Amount |
|---|---|---|
| Example: State College | Approved Teaching Fee | $9,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Fairfax County Board of Education | Spouse Salary | NA |
| COLLINS TRUCKING COMPANY, INC. | SALARY | 104,355.78 |
| STATE OF GEORGIA | SALARY | 9384.91 |
| STATE OF GEORGIA | PER DIEM & MILEAGE | 2785.00 |
| COLLINS TRUCKING COMPANY, INC. | SPOUSE SALARY | N/A |
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For payments to charity in lieu of honoraria, use Schedule II

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 AM 11: 29

LARRY ED COMBEST
(Full Name)

1511 LONGWORTH H.O.B.
(Mailing Address)

202-225-4005
Daytime Telephone

WASHINGTON, D.C. 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: TEXAS District: 19 | ☐ Officer or Employee | Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date. |

MC

(4)

**HAND DELIVERED**

(Office Use Only)

## PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes ☑ | No ☐ | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes ☐ No ☑ |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes ☐ | No ☑ | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes ☐ No ☑ |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes ☑ | No ☐ | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes ☐ No ☑ |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes ☐ | No ☑ | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes ☐ No ☑ |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes ☑ | No ☐ | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes ☐ | No ☑ |
| **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) | Yes ☐ | No ☑ |

## CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Larry Combest

**DATE (Month, Day, Year)** 5-15-93

Reporting Individual's Name
LARRY COMBEST

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | RITTS, BRICKFIELD, KAUFMAN | SPOUSE SALARY | N.A. |
| | MCLEOD, WATKINSON, MILLER | SPOUSE SALARY | N.A. |

For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
LARRY COMBEST

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| JT | WRIGHT PATMAN CREDIT UNION | | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name
LARRY COMBEST

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | Lubbock Nat. Bank - Lubbock, TX | NOTE FOR INVENTORY FROM CLOSED BUSINESS | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| N.A. | | |
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Use additional sheets if more space is required.

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 13 PM 1:55
U.S. HOUSE OF REPRESENTATIVES

(9)

MC **HAND DELIVERED**
(Office Use Only)

Gary A. Condit
(Full Name)

920 13th Street — 209-527-1914
(Mailing Address) — Daytime Telephone

Modesto, CA 95354

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: CA District: 18th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e g , salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [ ] | No [X] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10 ) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11 ) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U S C app 6, § 101 et seq ) The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, § 104 and 18 U S C § 1001)

X **SIGNATURE OF REPORTING INDIVIDUAL** — **DATE (Month, Day, Year)**

Reporting Individual's Name
Gary A. Condit

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
Gary A. Condit

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
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Reporting Individual's Name
Gary A. Condit

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse; or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Gary A. Condit

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less man $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
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Reporting Individual's Name: Gary A. Condit

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
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Reporting Individual's Name

Gary A. Condit

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name
Gary A. Condit

## SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense and the amount of time if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| | Source | Date(s) | Point of Departure – Destination(s) – Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C. – Chicago – Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C. – Los Angeles – Cleveland | Y | Y | Spouse | 4 Days |
| | Petroleos de Venezuela (PDVSA) | Aug. 30 – Sept. 4, 92 | FACT FINDING TRIP | Y | Y | None | N |

This page may be copied if more space is required.

Reporting Individual's Name
Gary A. Condit

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
|---|---|
| Member, Board of Directors | Berry, Inc., 7508 E. 11th Street, Tulsa, Oklahoma |
| | (Spouse, Carolyn, sits on Board - no compensation) |
| | |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO: 1992 56-635A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(5)

Honorable John Conyers, Jr.
(Full Name)

2426 Rayburn House Office Building — 202-225-5126
(Mailing Address) — Daytime Telephone

Washington, D.C. 20515

HAND DELIVERED

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [XXX] Member of the U.S. House of Representatives | State Michigan District: 14th | [ ] Officer or Employee | Employing Office |
| **Report Type** | [XXX] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

MC (Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [XXX] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [XXX] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [XXX] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [XXX] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [XXX] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [XXX] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [XXX] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [XXX] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [XXX] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [XXX] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [XXX] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** John Conyers Jr.

**DATE (Month, Day, Year)** May 14, 1993

Reporting Individual's Name

Honorable John Conyers, Jr.

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Detroit Board of Education | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Honorable John Conyers, Jr.

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. The column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| | Congressional Federal Credit Union | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | First Independent Bank | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Home Federal Savings Bank | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Michigan National Bank | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | |
| | Congressional Credit Union (IRA) | | | X | | | | | | | | | | | | | | NA | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name

Honorable John Conyers, Jr.

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | American Security Bank | Personal Loan | | XXX | | | | | |
| | Congressional Federal Credit Union | Personal Loan | XXX | | | | | | |
| | First Wachovia Bank | Personal Loan | XXX | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name

Honorable John Conyers, Jr.

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure–Destination(s)–Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.–Chicago–Wash., D.C | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.–Los Angeles–Cleveland | Y | Y | Spouse | 4 Days |
| | AFL-CIO | 6/15/92-6/16/92 | Washington D.C. -- Atlanta | Y | Y | None | N |
| | Meharry Medical College | 9/8-10/92 | Washington, D.C. -- Atlanta | Y | Y | None | N |
| | Meharry Medical College | 10/5-6/92 | Washington, D.C. -- Atlanta | Y | Y | None | N |
| | Congressional Black Caucus | 2/19-22/92 | Washington, D.C.-Orlando, Fl. | Y | Y | None | N |
| | National Association of Minority Business | 9/10-9/12 | Baltimore, MD - St. Thomas (Virgin Is.) - Detroit,MI | Y | Y | None | N |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED 1993 MAY 17 AM 11: 39

(22)

| | |
|---|---|
| (Full Name) | James H.S. Cooper |
| (Mailing Address) | 125 Cannon House Office Building |
| | Washington, D.C. 20515 |
| (Daytime Telephone) | (202) 225-6831 |

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: TN District: 4 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

mc

HAND DELIVERED

(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | X | |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | | X |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | X | |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | X | |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | X | |
| Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | | X |
| Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | X | |
| Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | X | |
| Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | | X |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | | X |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | | X |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

| | |
|---|---|
| **SIGNATURE OF REPORTING INDIVIDUAL** | **DATE (Month, Day, Year)** 5/12/93 |

592

Reporting Individual's Name

James H.S. Cooper

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Smithsonian Institution | Spouse Salary | $18,387 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

James H.S. Cooper

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | Transaction (X) |
| S, DC, JT — Examples: S — ABC Corporation Stock | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| Examples: George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| Examples: 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| First American Bank, Washington | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| Congressional Federal Credit Union | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| Dominion Bank, Richmond | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| Agriculture Federal Credit Union | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| Hancock Bank, Gulfport, MS | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| A.G. Edwards & Sons (Centennial Fund) | | | | | | | X | | | | X | | | | | | | | | | | X | | | | | | X |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: James H.S. Cooper

| S, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset: Year End Value (X) A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dominion Bankshares Corp. | X | | | | | | | | | | | | | X | | | | | | | | | | | | X | | X |
| DC | CNB Bankshares Debentures | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |

You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.

PARTS II AND III - ASSETS AND UNEARNED INCOME
(continuation sheet 1 of 3)

Reporting Individual: James H.S. Cooper

| Asset and/or Income Source | Valuation | Method | Income Type | Amt. of Income | Transaction |
|---|---|---|---|---|---|
| * 4.5% limited partnership interest in PLC Properties Ltd., Brentwood, TN | $292,334 | see attached | dividends<br>interest<br>income | II<br>II<br>VI | |
| * 33% general partnership interest in Cooper Brothers Land Co. | $615,561 | see attached | dividends<br>interest<br>income | II<br>III<br>V | purchases |
| 33% interest in Adams' Properties -01504 East Beach Drive, Gulfport, MS | $35,476 | tax assmt. | interest | II | |
| Martha Hays Trust (see attached printout from Hancock Bank Trust Department) | $42,984 | | dividends<br>interest | I<br>III | |
| 115 C Street, SE, Washington, DC | $415,034 | tax assmt. | rent | VI | |
| 41 D Street, SE, Washington, DC | $285,083 | tax assmt. | rent | VI | |
| IRA Account - James H.S. Cooper (see attached printout from A.G. Edwards & Co.) | $11,177 | | dividends/ interest | II | sales/ purchases |
| IRA Account - Martha Hays Cooper (see attached printout from A.G. Edwards & Co.) | $11,379 | | dividends/ interest | II | sales/ purchases |
| 33% Remainder Interest, Hortense P. Cooper Trust (Dominion Bancorp. stock) | $32,573 | actuarial estimate | | I | |
| TOTAL | $1,736,242 | | | | |

* Primary assets of these partnerships are disclosed on next page, but these do not add to the total of assets and unearned income of Jim Cooper.

Reporting Individual: James H.S. Cooper

| Asset and/or Income Source | Valuation | Method |
|---|---|---|
| * Assets of PLC: | | |
| -PLC Business Park and undeveloped land behind it, 41 acres off Maryland Way and Granny White Pike | $2,642,900 | tax assmt. |
| -McGavock Farms Subdivision, less than 21 acres off Granny White Pike | $1,197,000 | tax assmt. |
| -144 acres of undeveloped land on Murray Lane | $2,547,500 | tax assmt. |
| * Assets of Cooper Brothers: | | |
| -Kentucky Farms, near Smith Mills, KY | | |
| -575 acres ("Tweedy Place", Parcel 18-12, Acct. 2619 and "Floyd Place", Parcel 18-1, Acct. 2618) | $417,810 | tax assmt. |
| -543 acres ("Klondike" and "Reeder Place", Parcel 12-2, Acct. 2617) | $164,080 | tax assmt. |
| -162 acres ("Brahm", Parcel 7-18, Acct. 12766) | $79,690 | tax assmt. |
| -107 acres ("Heuth", Parcel 11-3, Acct. 6443) | $37,655 | tax assmt. |
| -75 acres ("Utley", Parcel 14-4-14.01, Acct. 13167) | $62,200 | tax assmt. |
| -Tennessee Farms, near Shelbyville, TN | | |
| -463 acres (the "King Place") on Jenkins Chapel Road (Shofner's Bridge Road) | $266,200 | tax assmt. |
| -462 acres (the "Stewart Place") off Fishingford Pike & Temple Ford Rd. | $184,600 | tax assmt. |
| -80 acres off the Thompson Creek Road | $16,400 | tax assmt. |
| -10 acres off Temple Ford Rd. | $2,100 | mkt. value |
| -Tennessee Lots, in Shelbyville, TN | | |
| -756 Madison Street, Dominion Bank Branch | $149,600 | tax assmt. |

PARTS II AND III - ASSETS AND UNEARNED INCOME
(continuation sheet 3 of 3)

Reporting Individual: James H.S. Cooper

Assets of Cooper Brothers, continued

| | | |
|---|---|---|
| -758 Madison Street | $125,000 | tax assmt. |
| -lot behind 756 Madison, plus strip on East Lane Street/Railroad Ave. | $26,750 | tax assmt. |
| -218 East Holland Street | $37,700 | tax assmt. |
| -lot off S. Main Street (corner of South Brittain and St. William's Drive) | $25,500 | tax assmt. |
| -corner of Depot and Thompson Sts. | $17,500 | tax assmt. |
| -319 East Lane St. | $6,000 | tax assmt. |
| -409 East Lane St. | $59,100 | tax assmt. |
| -vacant lot across from 413 E. Lane | $30,000 | mkt. value |
| -Tennessee Lots, in Nashville, TN | | |
| -2106 Fairfax Ave. | $150,000 | mkt. value |

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A.G.Edwards & Sons, Inc.
INVESTMENTS SINCE 1887

One North Jefferson, St. Louis, MO 63103

Member SIPC



Account Number 68-152723-032

Taxpayer ID 410-74-7242

Statement Period 10/31/92 to 12/31/92

A G EDWARDS & SONS
CUSTODIAN FOR
JAMES H S COOPER
IRA ACCOUNT
115 C STREET SE
WASHINGTON DC 20003-1834

## Income Summary

| | This Period | Year to Date |
|---|---|---|
| Dividends | 5.00 | 148.00 |
| Money Fund | 35.83 | 175.39 |
| Total Income | $40.83 | $323.39 |

## Account Summary

| | Previous Period Valuation | % | This Period Valuation | % |
|---|---|---|---|---|
| Cash and Money Fund | 5,641.87 | 52.6 | 5,682.70 | 50.8 |
| Equities | 5,093.50 | 47.4 | 5,494.00 | 49.2 |
| Total Account Value | $10,735.37 | 100.0% | $11,176.70 | 100.0% |

Your Investment Broker

CALVIN P LEWIS
A G EDWARDS & SONS, INC (615) 244-4000
401 CHURCH ST GROUND FL
L & C TOWER
NASHVILLE TN 37219-2299

**Total Account Value** **$11,176.70**

## Account Positions

| Note | Quantity | Description | % of Portfolio | Price | Valuation | Est Annual Income | Est Annual % Yield | Type |
|---|---|---|---|---|---|---|---|---|
| | | Cash and Money Fund | 50.8% | | $5,682.70 | $162.53 | 2.86% | |
| | 5,682.70 | DAILY CASH ACCUMULATION FUND | | 1 | 5,682.70 | 162.53 | 2.86 | 1 |
| | | Equities | 49.2% | | $5,494.00 | $160.00 | 2.91% | |
| | 100 | BIG B INC | | 17 3/8 | 1,737.50 | 20.00 | 1.15 | 1 |
| | 100 | * PEOPLES BANCORP OF WORCESTER | | 29 3/4 | 2,975.00 | 132.00 | 4.44 | 1 |
| | 100 | SCUDDER NEW EUROPE FUND INC | | 7 5/8 | 762.50 | 8.00 | 1.05 | 1 |

SEE REVERSE FOR EXPLANATION OF CODES AND POSITION PRICING METHOD

If this statement does not agree with your records, please contact us at the above address in St. Louis promptly. Please include your full account number.

599

Account Number 68-152723-032 JAMES H S COOPER IRA ACCOUNT Statement Period 10/31/92 to 12/31/92

## Account Positions (continued)

| Note | Quantity | Description | % of Portfolio | Price | Valuation | Est Annual Income | Est Annual % Yield | Type |
|---|---|---|---|---|---|---|---|---|
| | | Equities | | | | | | |
| | 1 | ZENITH LABS INC NEW | | 19 | 19.00 | | | 1 |
| | | Total Account Value | | | $11,176.70 | $322.53 | 2.89% | |

## Activity This Period

| Date | Entry | Quantity | Description | Price | Amount | Cash Balance | Money Fund Balance |
|---|---|---|---|---|---|---|---|
| 10/30 | | | BEGINNING BALANCE | | | .00 | 5,641.87 |
| 11/20 | DIVIDEND | 15.33 | DAILY CASH ACCUMULATION FUND<br>02.84% 35 DAY AVERAGE YIELD<br>FOR PERIOD ENDING 11/19/92<br>AUTOMATICALLY REINVESTED | | | | 5,657.20 |
| 12/18 | DIVIDEND ON | 100 | BIG B INC | | 5.00 | | |
| 12/18 | DIVIDEND | 12.97 | DAILY CASH ACCUMULATION FUND<br>02.86% 28 DAY AVERAGE YIELD<br>FOR PERIOD ENDING 12/17/92<br>AUTOMATICALLY REINVESTED | | | 5.00 | 5,670.17 |
| 12/21 | INVESTMENT | 5 | DAILY CASH ACCUMULATION FUND | 1 | -5.00 | .00 | 5,675.17 |
| 12/31 | DIVIDEND | 7.53 | DAILY CASH ACCUMULATION FUND<br>02.85% 17 DAY AVERAGE YIELD<br>FOR PERIOD ENDING 12/31/92<br>AUTOMATICALLY REINVESTED | | | | 5,682.70 |
| 12/31 | | | Ending Balance | | | $.00 | $5,682.70 |

## Income Detail

| Date | Entry | Quantity | Description | Amount |
|---|---|---|---|---|
| 11/20 | DIVIDEND | | DAILY CASH ACCUMULATION FUND | 15.33 |
| 12/18 | DIVIDEND ON | 100 | BIG B INC | 5.00 |
| 12/18 | DIVIDEND | | DAILY CASH ACCUMULATION FUND | 12.97 |
| 12/31 | DIVIDEND | | DAILY CASH ACCUMULATION FUND | 7.53 |



600

Account Number 68-152723-032 JAMES H S COOPER IRA ACCOUNT Statement Period 10/31/92 to 12/31/92

## Income Detail (continued)

| | |
|---|---|
| Total Dividends and Interest | $40.83 |

* * * * * End of Statement * * * * *

If you're concerned that taxes may go up in '93, now is the time to think about federally tax-free municipal bonds and other tax reduction strategies. Contact your A.G. Edwards investment broker for tax-saving ideas you can use immediately.



601

**A.G. Edwards & Sons, Inc.**
INVESTMENTS SINCE 1887

One North Jefferson, St. Louis, MO 63103

Member SIPC



Account Number 68-153444-032

Taxpayer ID 587-90-7035

Statement Period 11/28/92 to 12/31/92

A G EDWARDS & SONS
CUSTODIAN FOR
MARTHA HAYS COOPER
IRA ACCOUNT
115 C STREET SE
WASHINGTON DC 20003-1834

Your Investment Broker

CALVIN P LEWIS
A G EDWARDS & SONS, INC.
401 CHURCH ST GROUND FL
L & C TOWER
NASHVILLE TN 37219-2299
(615) 244-4000

**Total Account Value** **$11,379.39**

## Income Summary

| | This Period | Year to Date |
|---|---|---|
| Dividends | 47.00 | 153.03 |
| Interest | | 23 |
| Money Fund | 5.97 | 49.74 |
| Income Reported Last Year | | 30.00 |
| Total Income | $52.97 | $233.00 |

## Activity Summary

| | Amounts Added | Amounts Subtracted | Balance |
|---|---|---|---|
| Beginning Cash and Money Fund Balance | | | 1,751.17 |
| Income From Securities | 52.97 | | |
| Other | | -280.00 | |
| Ending Cash and Money Fund Balance | | | $1,524.14 |

## Account Summary

| | Previous Period Valuation | % | This Period Valuation | % |
|---|---|---|---|---|
| Cash and Money Fund | 1,751.17 | 15.2 | 1,524.14 | 13.4 |
| Equities | 9,743.34 | 84.8 | 9,855.25 | 86.6 |
| Total Account Value | $11,494.51 | 100.0% | $11,379.39 | 100.0% |

## Account Positions

| Note | Quantity | Description | % of Portfolio | Price | Valuation | Est Annual Income | Est Annual % Yield | Type |
|---|---|---|---|---|---|---|---|---|
| | | Cash and Money Fund | 13.4% | | $1,524.14 | $43.59 | 2.86% | |
| | 1,524.14 | DAILY CASH ACCUMULATION FUND | | 1 | 1,524.14 | 43.59 | 2.86 | 1 |

SEE REVERSE FOR EXPLANATION OF CODES AND POSITION PRICING METHOD

If this Statement does not agree with your records, please contact us at the above address in St. Louis promptly. Please include your full account number.
Certain [illegible] of securities [illegible] will be [illegible] after the [illegible] will [illegible]

Account Number 66-153444-032 MARTHA HAYS COOPER IRA ACCOUNT Statement Period 11/28/92 to 12/31/92

## Account Positions (continued)

| Note | Quantity | Description | % of Portfolio | Price | Valuation | Est Annual Income | Est Annual % Yield | Type |
|---|---|---|---|---|---|---|---|---|
| | | Equities | 86.6% | | $9,855.25 | $165.00 | 1.67% | |
| | 100 | * HANCOCK HOLDING CO | | 29 1/4 | 2,925.00 | 60.00 | 2.05 | 1 |
| | | GULFPORT MS | | | | | | |
| | 170 | HIBERNIA CORP-CLASS A | | 5 7/8 | 998.75 | | | 1 |
| | 100 | LINCOLN NATL CONV SECS FD INC | | 16 1/2 | 1,650.00 | 97.00 | 5.88 | 1 |
| | 100 | SCUDDER NEW EUROPE FUND INC | | 7 5/8 | 762.50 | 8.00 | 1.05 | 1 |
| | 200 | SOCIETY FOR SAVINGS BANCORP | | 17 1/2 | 3,500.00 | | | 1 |
| | 1 | ZENITH LABS INC NEW | | 19 | 19.00 | | | 1 |
| | | Total Account Value | | | $11,379.39 | $208.59 | 1.83% | |

## Activity This Period

| Date | Entry | Quantity | Description | Price | Amount | Cash Balance | Money Fund Balance |
|---|---|---|---|---|---|---|---|
| 11/27 | | | BEGINNING BALANCE | | | .00 | 1,751.17 |
| 12/04 | DIVIDEND ON | 100 | LINCOLN NATL CONV SECS FD INC | | 24.00 | 24.00 | |
| 12/07 | INVESTMENT | 24 | DAILY CASH ACCUMULATION FUND | 1 | -24.00 | .00 | 1,775.17 |
| 12/14 | SUBSCRIPTION | 70 | HIBERNIA CORP-CLASS A | | -280.00 | | |
| 12/14 | SUBSCRIPTION | -70 | **RTS HIBERNIA CORP** | | | -280.00 | |
| | | | EXPIRING 12-10-92 | | | | |
| 12/15 | DIVIDEND ON | 100 | * HANCOCK HOLDING CO | | 23.00 | -257.00 | |
| | | | GULFPORT MS | | | | |
| 12/16 | REDEMPTION | -280 | DAILY CASH ACCUMULATION FUND | 1 | 280.00 | 23.00 | 1,495.17 |
| 12/18 | DIVIDEND | 3.98 | DAILY CASH ACCUMULATION FUND | | | | 1,499.13 |
| | | | 02.86% 28 DAY AVERAGE YIELD | | | | |
| | | | FOR PERIOD ENDING 12/17/92 | | | | |
| | | | AUTOMATICALLY REINVESTED | | | | |
| 12/21 | INVESTMENT | 23 | DAILY CASH ACCUMULATION FUND | 1 | -23.00 | .00 | 1,522.13 |
| 12/31 | DIVIDEND | 2.01 | DAILY CASH ACCUMULATION FUND | | | | 1,524.14 |
| | | | 02.85% 17 DAY AVERAGE YIELD | | | | |
| | | | FOR PERIOD ENDING 12/31/92 | | | | |
| | | | AUTOMATICALLY REINVESTED | | | | |

SEE REVERSE FOR EXPLANATION OF CODES AND POSITION PRICING METHOD

If this statement does not agree with your records, please contact us at the above address in St. Louis promptly. Please include your full account number.

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A.G. Edwards & Sons, Inc.
INVESTMENTS SINCE 1887

One North Jefferson, St. Louis, MO 63103

Member SIPC



Account Number 68-153444-032

MARTHA HAYS COOPER IRA ACCOUNT

Statement Period 11/28/92 to 12/31/92

## Activity This Period (continued)

| Date | | Cash Balance | Money Fund Balance |
|---|---|---|---|
| 12/31 | Ending Balance | $.00 | $1,524.14 |

## Income Detail

| Date | Entry | Quantity | Description | Amount |
|---|---|---|---|---|
| 12/04 | DIVIDEND ON | 100 | LINCOLN NATL CONV SECS FD INC | 24.00 |
| 12/15 | DIVIDEND ON | 100 | * HANCOCK HOLDING CO<br>GULFPORT MS | 23.00 |
| 12/18 | DIVIDEND | | DAILY CASH ACCUMULATION FUND | 3.96 |
| 12/31 | DIVIDEND | | DAILY CASH ACCUMULATION FUND | 2.01 |
| | | | Total Dividends and Interest | $52.97 |

* * * * * End of Statement * * * * *

If you're concerned that taxes may go up in '93, now is the time to think about federally tax-free municipal bonds and other tax reduction strategies. Contact your A.G. Edwards investment broker for tax-saving ideas you can use immediately.

SEE REVERSE FOR EXPLANATION OF CODES AND POSITION PRICING METHOD

If this statement does not agree with your records, please contact us at the above address in St. Louis promptly. Please include your full account number

# Hancock Bank Trust Department

--STATEMENT OF ASSETS-- 12/31/92 PAGE 1

ACCOUNT NUMBER 33-3183-02 HANCOCK BANK
TRUSTEE U/A DTD 12/31/60 WITH
ARTHUR V. HAYS FBO MARTHA BRYAN HAYS

ADM OFF - KMM
INV OFF - PK

| UNITS | DESCRIPTION | BOOK VALUE | UNIT PRICE | MARKET VALUE |
|---|---|---|---|---|
| | -- CASH EQUIVALENTS -- | | | |
| | -- MASTER NOTES & MONEY MKT FUNDS -- | | | |
| 5,438 | TRUST MONEY MARKET ACCOUNT (PERS ACCTS) (PRIN) | 5,438.00 | | 5,438.00 |
| 2,685 | TRUST MONEY MARKET ACCOUNT (PERS ACCTS) (INCOME) ** INVESTED INCOME ** | 2,685.00 | | 2,685.00 |
| | TOTAL MASTER NOTES & MONEY MKT FUNDS | 8,123.00 | | 8,123.00 * |
| | TOTAL CASH EQUIVALENTS | 8,123.00 | | 8,123.00 ** |
| | -- BONDS -- | | | |
| | -- BONDS FEDERAL GOVERNMENT -- | | | |
| | -- U S GOVERNMENT NOTES -- | | | |
| 10,000 | U.S. TREASURY NOTE @ 8% DTD 081590 DUE 081593 | 9,973.85 | 102.7190 | 10,271.90 |
| | -- FEDERAL AGENCIES -- | | | |
| 10,000 | FNMA MEDIUM TERM NOTE @ 7.70% DUE 103096 (CALLABLE 103094 @ 100) | 10,000.00 | 104.6250 | 10,462.50 |
| | -- GOVT NATL MTG ASSN INVEST FUND -- | | | |
| 857.284 | FEDERATED GNMA FUND 0016 | 10,000.00 | 11.6900 | 10,021.65 |
| | TOTAL BONDS FEDERAL GOVERNMENT | 29,973.85 | | 30,756.05 * |
| | TOTAL BONDS | 29,973.85 | | 30,756.05 ** |

# Hancock Bank Trust Department

--STATEMENT OF ASSETS-- 12/31/92 PAGE 2

ACCOUNT NUMBER 33-3183-02 HANCOCK BANK
TRUSTEE U/A DTD 12/31/60 WITH
ARTHUR V. HAYS FBO MARTHA BRYAN HAYS

ADM OFF - MWM
INV OFF - PK

| UNITS | DESCRIPTION | BOOK VALUE | UNIT PRICE | MARKET VALUE |
|---|---|---|---|---|
| | -- COMMON STOCK -- | | | |
| | -- COMMON STOCK INVESTMENT CO. -- | | | |
| | -- MUTUAL FUNDS & COLLECTIVE FUND -- | | | |
| 350.968 | FIDELITY DECS FD<br>GROWTH & INC PORTFOLIO FUND 027 | 7.000.00 | 19.710 | 6.917.58 |
| | TOTAL COMMON STOCK | 7.000.00 | | 6.917.58 ** |
| | -- MISCELLANEOUS -- | | | |
| | -- MISCELLANEOUS ASSETS -- | | | |
| | 1/3 INT IN REPUBLIC NAT'L LIFE INS<br>POL 8193642 | 1.00 | | 1.00 |
| | TOTAL MISCELLANEOUS | 1.00 | | 1.00 ** |
| | TOTAL ASSETS | 43.097.85 | | 45.797.63 *** |
| | INCOME CASH | .83 | | .83 |
| | PRINCIPAL CASH | 43.85 | | 43.85 |
| | TOTAL CASH & ASSETS | 43.144.33 | | 45.844.31 |
| | -- LIABILITIES -- | | | |
| | -- NOTES PAYABLE SECURED -- | | | |
| | 1/3 INT IN REPUBLIC NAT LF INS NOTE<br>AGAINST POL 8193642 INSURING<br>CRAWFORD CLEVELAND | 2.859.87- | | 2.859.87- |
| | TOTAL LIABILITIES | 2.859.87- | | 2.859.87-** |
| | TOTAL NET VALUE | 42.284.46 | | 42.984.44 *** |

# Hancock Bank Trust Department

TRANSACTIONS FOR PERIOD 12/31/92 PAGE 1
10/01/92 - 12/31/92

ACCOUNT NUMBER 33-3183-02 HANCOCK BANK ADM OFF - NWR
TRUSTEE U/A DTD 12/31/60 WITH
ARTHUR V. HAYS FBO MARTHA BRYAN HAYS

| | | INCOME | PRINCIPAL | INVESTMENTS |
|---|---|---|---|---|
| 09/30/92 | BALANCES LAST PERIOD | 44.23 * | .22 * | 44,823.85 * |
| 10/01/92 | FEDERATED GNMA FUND #016<br>INTEREST DUE 09/30/92 | 66.29 | | |
| 10/01/92 | TRUST MONEY MARKET ACCOUNT<br>(PERS ACCTS) (INCOME)<br>INTEREST RECEIVED | 6.79 | | |
| 10/01/92 | TRUST MONEY MARKET ACCOUNT<br>(PERS ACCTS) (PRIN)<br>INTEREST RECEIVED | 16.71 | | |
| 10/01/92 | TRUST MONEY MARKET ACCOUNT<br>(PERS ACCTS) (INCOME)<br>DEPOSIT | 134.00- | | 134.00<br>* |
| 10/23/92 | FEE FOR PERIOD ENDING 10/20/92 | 500.00- | | |
| 10/26/92 | TRUST MONEY MARKET ACCOUNT<br>(PERS ACCTS) (INCOME)<br>REDEEMED | 500.00 | | 500.00- |
| 10/30/92 | FNMA MEDIUM TERM NOTE @ 7.70%<br>DUE 103098 (CALLABLE 103094 @ 100)<br>INTEREST ON 10,000 PV | 385.00 | | |
| 11/02/92 | FEDERATED GNMA FUND #016<br>INTEREST DUE 10/31/92 | 65.72 | | |
| 11/02/92 | TRUST MONEY MARKET ACCOUNT<br>(PERS ACCTS) (PRIN)<br>INTEREST RECEIVED | 15.28 | | |
| 11/02/92 | TRUST MONEY MARKET ACCOUNT<br>(PERS ACCTS) (INCOME)<br>INTEREST RECEIVED | 6.88 | | |
| 11/02/92 | TRUST MONEY MARKET ACCOUNT<br>(PERS ACCTS) (INCOME)<br>DEPOSIT | 472.00- | | 472.00 |
| 12/01/92 | FEDERATED GNMA FUND #016<br>INTEREST DUE 11/30/92 | 66.08 | | |

# Hancock Bank Trust Department

TRANSACTIONS FOR PERIOD 12/31/92 PAGE 2
10/01/92 - 12/31/92

ACCOUNT NUMBER 33-0180-02 HANCOCK BANK ADM OFF - NWM
TRUSTEE U/A DTD 12/31/60 WITH
ARTHUR V. HAYS FBO MARTHA BRYAN HAYS

| | | INCOME | PRINCIPAL | INVESTMENTS |
|---|---|---|---|---|
| 12/01/92 | TRUST MONEY MARKET ACCOUNT<br>(PERS ACCTS) (PRIN)<br>INTEREST RECEIVED | 14.48 | | |
| 12/01/92 | TRUST MONEY MARKET ACCOUNT<br>(PERS ACCTS) (INCOME)<br>INTEREST RECEIVED | 6.65 | | |
| 12/08/92 | FIDELITY SECS FD<br>GROWTH & INC PORTFOLIO FUND 027<br>DIVD ON 350.968 SHS @ .22999 PER SH | 80.72 | | |
| 12/08/92 | FIDELITY SECS FD<br>GROWTH & INC PORTFOLIO FUND 027<br>LONG TERM CAPITAL GAIN DIST<br>ON 350.968 SHS @ .11000 PER SH | | 38.61 | |
| 12/08/92 | FIDELITY SECS FD<br>GROWTH & INC PORTFOLIO FUND 027<br>SHORT TERM CAPITAL GAIN DIST<br>ON 350.968 SHS @ .01999 PER SH | | 7.02 | |
| 12/09/92 | TRUST MONEY MARKET ACCOUNT<br>(PERS ACCTS) (INCOME)<br>DEPOSIT | 168.00- | | 168.00 |
| 12/31/92 | ENDING BALANCES | .83 + | 45.85 + | 45,097.85 + |
| | | | ( LIABILITIES | 2,859.87 +) |

# Hancock Bank Trust Department

TRANSACTIONS FOR PERIOD 10/01/92 - 12/31/92 — 12/31/92 — PAGE 3

ACCOUNT NUMBER [illegible] — HANCOCK BANK — ADM OFF - NWM
TRUSTEE U/A DTD 12/31/60 WITH
ARTHUR V. HAYS FBO MARTHA BRYAN HAYS

----------TRANSACTION SUMMARY----------

| | | INCOME | PRINCIPAL | INVESTMENTS |
|---|---|---|---|---|
| 09/30/92 | BALANCE LAST PERIOD | 44.23 * | .22 * | 44,823.85 * |
| | CASH RECEIPTS | 700.60 | 45.63 | .00 |
| | CASH DISBURSEMENTS | 500.00- | .00 | .00 |
| | SALES, CAPITAL CHANGES AND OTHER ASSET CHANGES | 500.00 | .00 | 500.00- |
| | PURCHASES, CAPITAL CHANGES AND OTHER ASSET CHANGES | 774.00- | .00 | 774.00 |
| 12/31/92 | ENDING BALANCES | .83 * | 45.85 * | 45,097.85 * |
| | | | ( LIABILITIES | 2,859.87 *) |

Reporting Individual's Name
James H.S. Cooper

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H Over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | 7,000 Dominion Bankshares Corp. | | X | | 1/14/92 | | | X | | | | |
| | 8,000 Dominion Bankshares Corp. | | X | | 2/7/92 | | | | X | | | |
| | 4,900 Dominion Bankshares Corp. | | X | | 2/13/92 | | | X | | | | |
| | 8,235 Dominion Bankshares Corp. | | X | | 10/23/92 | | | | X | | | |
| | 1,765 Dominion Bankshares Corp. | | X | | 9/17/92 | | X | | | | | |
| | 10 acres off Temple Ford Road, Shelbyville, TN | X | | | 2/21/92 | X | | | | | | |
| | 2106 Fairfax Ave., Nashville, TN | X | | | 5/18/92 | | X | | | | | |
| | vacant lot across from 413 E. Lane St. | gift from mother | | | 12/30/92 | X | | | | | | |

Reporting Individual's Name
James H.S. Cooper

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H Over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del | | | | X | | | |
| | Marine Midland Mortgage Corp. | Mortgage on 115 C St.SE, Wash.DC | | | | | X | | |
| | Margaretten Mortgage Corp. | Mortgage on 41 D St. SE, Wash.DC | | X | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name
James H.S. Cooper

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | North Carolina Press Assoc. | Jan. 24 | Wash.DC-Raleigh-Wash.DC | N | Y | None | No |
| | American Public Gas Assoc. | May 11 | Wash.DC-Nashville-Wash.DC | N | Y | None | No |
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Reporting Individual's Name
James H.S. Cooper

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Limited Partner | PLC Properties Ltd. |
| General Partner | Cooper Brothers Land Co. |
| Ex-Officio Trustee | Walters State Community College; Motlow State Community College |
| Honorary Member | Univ. Tennessee Space Institute Support Council; Shelbyville Rotary Club |
| | |
| | |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
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| | | |

GPO: 1988 89-536A (94)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 14 AM 10: 58

(12)

MC

HAND DELIVERED

(Office Use Only)

Samuel G. Coppersmith
(Full Name)

3138 North 53rd Place
(Mailing Address)

Phoenix, Arizona 85018

Daytime Telephone: 602-921-5500

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Arizona District: 1 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Samuel G. Coppersmith

DATE (Month, Day, Year): May 14, 1993

Reporting Individual's Name

Samuel G. Coppersmith

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Bonnett, Fairbourn & Friedman, P.C., Phoenix, AZ | salary | $133,470 |
| | Lewis & Roca, Phoenix, AZ | spouse income | N/A |

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

Samuel G. Coppersmith

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT — Examples: S — ABC Corporation Stock | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| George Wash. Credit Union Accounts | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | |
| 182 Main Street, Dover, Delaware | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| Newburger & Berman Manhattan Fund[7] | | | | X | | | | | | | | X | | | X | | | | | | | | X | | | | | | |
| 20th Century Select Investors Mutual Fund[7] | | | | X | | | | | | | | X | | | X | | | | | | | X | | | | | | | |
| Fidelity Cash Reserves Mutual Fund[4] | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Fidelity Spartan Money Market Fund[7] | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| Fidelity Balanced Mutual Fund[3] | | | X | | | | | | | | | X | | | X | | | | | | X | | | | | | | | |
| Colonial Tax Exempt Fund Series A | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Samuel G. Coppersmith

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. S. DC. JT | Year End Value (X) | | | | | | | | | | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| Fidelity Growth & Income Mutual Fund[6] | | | | X | | | | | | | X | | | X | | | | | | X | | | | | | | |
| Fidelity Growth Company Mutual Fund[6] | | | | X | | | | | | | X | | | X | | | | | | X | | | | | | | |
| Gabelli Asset Mutual Fund[8] | | | X | | | | | | | | X | | | X | | | | | X | | | | | | | | |
| American Express Daily Div. Fund[2,4,6,7] | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | |
| Shearson Lehman Bros. Utilities Fund[6] | | | | X | | | | | | | X | | | X | | | | | | | X | | | | | | |
| Shearson Lehman S/T World Inc. Fund | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| Shearson Lehman Appreciation Fund[6] | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| Gabelli Equity Trust, Inc.[6] | | | X | | | | | | | | X | | | X | | | | | X | | | | | | | | |
| Amer Insd Mtg Invs LP 85[6] | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| Amer Insd Mtg Invs LP[6] | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| Strips-TINT-US Treasury (zero cpn bonds)[8] | | | | | X | | | | | | | | | | | | OID | | | | | | X | | | | |
| Iultex Corp | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| GTE Corp[4] | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | X |
| GT Greater Europe Fund SBI | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| Bergen Brunswig Corp A | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Samuel G. Coppersmith

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | Berkshire Hathaway Inc. | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| | Dallas Semiconductor Corp. | | | X | | | | | | | | X | | | X | | | | X | | | | | | | | | | X |
| | Exxon Corp. | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | MFS Municipal Income Trust | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Morgan Stanley Emerg Mkts Fund | | | X | | | | | | | | X | | | X | | | | | X | | | | | | | | | |
| | Real Estate Securities Inc. Fund, Inc. | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| | Muni Secs Tr#4M Disc Ser | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Salt River Project Bonds | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | X |
| | Alco Standard Corp[3] | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Americus Trust for J & J Share Primes[3] | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| | BT Financial Corp[3] | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Bristol Myers Squibb Co.[3] | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | General Electric Co.[3] | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Hershey Foods Corp[3] | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Johnson & Johnson[3] | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | X |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Samuel G. Coppersmith

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | |
| NIPSCO Industries, Inc.[3] | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| PepsiCo, Inc.[4] | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| Petroleum & Resources Corp.[4] | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| Philip Morris Cos. Inc[3] | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| Southwestern Bell Corp[3] | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| Telefonica de Espana ADR[3] | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| Xerox Corp[3] | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| Bank America Pfd Ser K[3] | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| K Mart Corp. Pfd Ser A[3] | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| K-III Communications Corp Pfd[3] | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| Morgan Stanley $2.22 Pfd[3] | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| Olin Corp Pfd A[3] | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| Primerica Corp Pfd A[3] | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| Rhone Poulenec ADR[3] | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| Sears Roebuck Ser A Pfd[3] | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |



Schedule III – Continuation

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Samuel G. Coppersmith

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST / QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| Williams Cos Inc. $2.21 Cum Pfd[3] | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | X |
| RJR Nabisco Sr. Notes[2,4] | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| US Treasury Note[3] | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | X |
| DuPont | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | X |
| MCI Communications Inc. | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| Pitney Bowes Inc. | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |
| American Home Products Corp[1] | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| EQK Green Acres LP[1] | | | X | | | | | | | | | | | | | 9 | | | X | | | | | | | | |
| Merrill Lynch Ready Assets Trust[1] | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| Shearson TRAK Inv. Adv Mut Funds | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | X |
| Exeter RE Investors VII LP: 1.24% interest in 110 ac. raw land at SEC 83rd Ave and Deer Valley Rd. Peoria, AZ[1] | | | X | | | | | | | | | | | | | 9 | | X | | | | | | | | | |
| Exeter RE Investors XII LP: 1.24% interest in 40 ac. raw land near Germann and Dobson Roads, Chandler, AZ[1] | | | X | | | | | | | | | | | | | 9 | | X | | | | | | | | | |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Samuel G. Coppersmith

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| Exeter RE Investors X LP: 1.24 % interest in 19 ac. raw land near SEC 51st Ave and Beardsley, Phoenix, AZ[1] | | | X | | | | | | | | | | | | | | 9 | | X | | | | | | | | | |
| Exeter RE Investors XVI LP: 0.66% interest in 518 ac. raw land near NWC, Tangerine and Thornydale Roads, Marana, AZ[1] | | | X | | | | | | | | | | | | | | 9 | | X | | | | | | | | | |
| Twin Knolls Mini-Storage LP: 1.24% interest in mini-storage and 3.65 ac. at 8050 East Apache Trail, Mesa, AZ[1] | | | X | | | | | | | | | | | | | | 9 | | X | | | | | | | | | |
| Scottsdale Ranch Investors LP: 0.99% interest in partnership with 50% interest in shopping center at SEC Via Linda and Mountain View, Scottsdale, AZ[1] | | X | | | | | | | | | | | | | | | 9 | | X | | | | | | | | | |
| Green Valley Properties LP: 0.84% interest in 501 ac. raw land in Continential Farms Master Plan, Green Valley, AZ[1] | | | X | | | | | | | | | | | | | | 9 | | X | | | | | | | | | |
| Fiesta Square Investors LP: 1.98% interest in shopping center at 1720 W. Southern, Mesa, AZ[1] | | | X | | | | | | | | | | | | | | 9 | | X | | | | | | | | | |
| Elmalon 75th Avenue Partnership; (formerly SWC 75th Avenue Partnership) 1.61% interest in 17.8 ac. raw land at SWC 75thAvenue and Van Buren, Tolleson, AZ[1] | | | X | | | | | | | | | | | | | | 9 | | X | | | | | | | | | |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Samuel G. Coppersmith

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | | |
| Elmalon 75th Avenue Partnership Note: 5.88% interest in note secured by land described above[1] | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | | | |
| Brooklyn Brewery Limited Partnership; partnership interest and loan to brewers of Brooklyn Lager, Brooklyn, NY | | X | | | | | | | | | | | X | | | | 9 | | | X | | | | | | | | | | |

1 Asset owned by the Estate of W. Louis Coppersmith, my late father. I have a 1/3 beneficial interest in the Estate. A professional investment advisor manages the Estate's assets, but I serve as executor of the Estate and have knowledge of its assets.

2 Includes assets owned by the Estate of W. Louis Coppersmith.

3 Assets owned by the Coppersmith Children Trust, created after the dealth of my late mother, Bernice E. Coppersmith. I have a 1/3 beneficial interest in the Trust. A professional investment advisor manages the Trust's assets, but I serve as a trustee of the Trust and have knowledge of its assets.

4 Includes assets owned by the Coppersmith Children Trust.

5 Assets owned by my wife's self-directed 401(k) pension plan.

6 Includes assets owned by my wife's self-directed IRA.

7 Includes assets owned by one or more of my dependent children.

8 Assets entirely owned by one or more of my dependent children.

9 Partnership interest.

Reporting Individual's Name

Samuel G. Coppersmith

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H Over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Shearson Lehman Bros. Short Term World Income Fund | | | X | 10-16-92 | X | | | | | | |
| | Shearson Lehman Bros. Appreciation Fund | | | X | 10-16-92 | X | | | | | | |
| | Dallas Semiconductor Corp. | | X | | 11-24-92 | X | | | | | | |
| | Real Estate Securities Inc. Fund, Inc. | X | | | 11-28-92 | X | | | | | | |
| | Salt River Project Bonds - called by issuer | | X | | 3-5-92 | | X | | | | | |
| | Pier 1 Imports Inc. | | X | | 1-29-92 | X | | | | | | |
| | Americus Trust for J & J Shares Primes[3] | | | X | 6-30-92 | X | | | | | | |
| | Johnson & Johnson[3] | | | X | 6-30-92 | X | | | | | | |
| | K-III Communications Corp Pfd[3] | X | | | 10-1-92 | X | | | | | | |
| | Primerica Corp Pfd A[3] | X | | | 7-21-92 | X | | | | | | |
| | Williams Cos. Inc. $2.21 Cum Pfd[3] | X | | | 9-10-92 | X | | | | | | |
| | US Treasury Note[3] (matured) | | | X | 7-31-92 | X | | | | | | |
| | BankAmerica Corp. Pfd Ser K[3] | X | | | 2-5-92 | X | | | | | | |
| | Mexico Equity & Income Fund[3] | | X | | 3-3-92 | X | | | | | | |
| | Olin Corp. Pfd Ser A[3] | X | | | 1-28-92 | X | | | | | | |
| | Rockefeller Center Properties Inc.[3] | | X | | 6-4-92 | X | | | | | | |
| | Sears Roebuck Ser A Pfd[3] | X | | | 2-24-92 | X | | | | | | |

Reporting Individual's Name

Samuel G. Coppersmith

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H Over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Tele-Communications Inc. A[3] | | X | | 1-28-92 | X | | | | | | |
| | Telefonica de Espana ADR[3] | X | | | 3-3-92 | X | | | | | | |
| | Tultex Corp[3] | | X | | 1-28-92<br>2-19-92 | X | | | | | | |
| | DuPont | X | | | 3-4-02 | X | | | | | | |
| | GTE Corp. | X | | | 1-20-92<br>3-4-92 | X | | | | | | |
| | GT Greater Euro Fund | X | | | 3-9-92 | X | | | | | | |
| | PepsiCo Inc. | X | | | 1-20-92 | X | | | | | | |
| | Petroleum & Resources Corp. | X | | | 1-20-92 | X | | | | | | |
| | Shearson TRAK Inv Adv Mut Funds | X | | | 7-16-92<br>10-19-92 | | X | | | | | |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 14 AM 10: 10

Jerry F. Costello
(Full Name)

P.O. Box 8250 — Wm. B. Schaltenbrand, Accountant (618)398-4173
(Mailing Address) — Daytime Telephone

Belleville, IL 62222

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: IL District: 12 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

(6)
ML **HAND DELIVERED**
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | X | |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II** | | X |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | X | |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | X | |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | X | |
| Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | | X |
| Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | | X |
| Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | | X |
| Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | | X |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | | X |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | | X |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL X — Jerry F. Costello

DATE (Month, Day, Year) — Jerry F. Costello 5/14/93



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Reporting Individual's Name

Jerry F. Costello

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Metro East Retail Corporation | Spouse Salary | N/A |
| | Metro East Retail Corporation | Spouse Auto Allowance | N/A |

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name: Jerry F. Costello

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX over $100,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | |
| | 162 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| | Metro East Retail Corp. - Stock Granite City, IL | X | | | | | | | | | | | | | | | | Business Income | | | | | | X | | | | X |
| | Metro East Retail Corp. - Stock Granite City, IL | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | X |
| | C & C Investments - Partnership Owning Comm. Bldgs. ½ interest | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Rt. 1, Box 1193B Granite City, IL | X | | | | | | | | | | | X | | | | | | | | | | | X | | | | X |
| | C & C Investments - Partnership Owning Equipment ½ interest | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Rt. 1, Box 1193B Granite City, IL | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | X |

For additional assets and unearned income, use next page

# SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jerry F. Costello

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | West Pointe Bank & Tsust Co. Stock - IRA | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| S | West Pointe Bank & Trust Co. Stock - IRA | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| | State of Illinois | | | | X | | | | | | | | | | | | Illinois Retirement | X | | | | | | | | | | |
| S | State of Illinois | | | | X | | | | | | | | | | | | Illinois Teacher's Retirement | X | | | | | | | | | | |
| | West Pointe Bank & Trust Co. - Savings A/C | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Centerland Short-Term Diversified Asset Portfolio | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Boatmen's Trust Company Taxable Bond Fund | | | | X | | | | | | | | | X | | | | | X | | | | | | | | | X |
| | Boatment's First Nat'l Bk. of K.C. Intermediate Government Fund | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | X |

Reporting Individual's Name

Jerry F. Costello

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Metro EAst Retail Copp. - Stock | | X | | 8-31-92 | X | | | | | | |
| | C & C Investments - Equipment | | X | | 4-13-92 | X | | | | | | |
| | C & C Investments - Equipment | | X | | 8-31-92 | X | | | | | | |
| | C & C Investments - Land & Buildings | | X | | 8-31-92 | | | | | X | | |
| | Boatmen's Trust Co. Taxable Bond Fund | X | | | 11-30-92 | | X | | | | | |
| | Boatmen's First National Bank of Kansas City Intermediate Government Fund | X | | | 11-30-92 | | X | | | | | |

Reporting Individual's Name

Jerry F. Costello

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del | | | | X | | | |
| | Magna Bank, Belleville, IL | Mortgage on comm. bldgs. Rt. 1, Box 119JB, Granite City, IL | | | | | X | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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| | | |
| | | |

Use additional sheets if more space is required.

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

MAY 17

(5)

Congressman Christopher Cox
(Full Name)

206 Cannon House Office Building
(Mailing Address)

Daytime Telephone: 202/225-5611

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: CA District: 47 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

HAND DELIVERED

MC (Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you ~~or your spouse~~ have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [ ] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Christopher Cox

**DATE (Month, Day, Year)** 5/15/93



692

Reporting Individual's Name
Christopher Cox

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | A None | B Less than $1,001 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Transaction (X) |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | |
| | Dean Witter Reynolds, Inc. | | | X | | | | | | | | | | X | | | | | |
| | money market account | | | | | | | | | | | | | | | | | | |
| | Dean Witter IRA | | | X | | | | | | | | | | X | | | | | |
| | 2836-A S. Wakefield Street | | | | | | X | | | | | | X | | | | | | |
| | Arlington, VA | | | | | | | | | | | | | | | | | | |
| | (part year rental) | | | | | | | | | | | | | | | | | | |

| BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| I None | II Less than $201 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | over $1,000,000 |
| | | X | | | | | | | |
| | | | X | | | | | | |
| | | X | | | | | | | |
| | | X | | | | | | | |
| | | X | | | | | | | |
| | | | X | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name
Christopher Cox

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Waterfield Mortgage Co. | Mortgage on 2836-A S. Wakefield Street Arlington, VA | | | | X | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name
Christopher Cox

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Examples: Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| Examples: ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| Mexican Business Coordinating Council | Feb 9-11 | Los Angeles-Mexico City-Los Angeles | Y | Y | NONE | N |
| Meetings with President Salinas | | | | | | |
| Hoover Institute Participate in panel on budget reform | May 8-9 | Dulles-San Francisco-Orange County | Y | Y | NONE | N |
| Citizens For a Sound Economy | Jun 29 | Washington, DC-St. Louis-Dulles | N | Y | NONE | N |
| Budget reform meeting with 103rd Congress | | | | | | |
| Freshman Class | | | | | | |
| University of California/ California Institute | Nov 5-7 | Travel not provided, drove to San Diego | Y | Y | NONE | N |
| Bipartisan Congressional delegation meetings | | | | | | |
| Manhattan Institute Budget reform speech | Dec 1 | Washington, DC-New York-Washington, DC | N | Y | NONE | N |
| American Israel Education Foundation | Dec 14-21 | Washington, DC-Tel Aviv-Washington, DC | Y | Y | NONE | N |
| Government meetings in Israel | | | | | | |
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| Reporting Individual's Name |
|---|
| Christopher Cox |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Member Board of Trustees | Yosemite Fund |
| Member Advisory Comm. | Orange County Marathon |
| Member Board of Advisors | YMCA Orange County |
| Member Board of Advisors | Childhelp USA |
| Member Board of Advisors | Center for Security Policy |
| Member Advisory Comm. | Radio America |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO: 1992 90-536A (pa)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

93 MAY 13 PM 3:15

(8)

HAND DELIVERED
MC
(Office Use Only)

William J. Coyne
(Full Name)

2455 Rayburn H.O.B.
(Mailing Address)

202-225-2301
Daytime Telephone

Washington, D.C.

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: PA District: 14th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL William J. Coyne

DATE (Month, Day, Year) 5/11/93

Reporting Individual's Name

William J. Coyne

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

William J. Coyne

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
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Reporting Individual's Name: William J. Coyne

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | | None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| | Pittsburgh National Bank | | | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | |
| | Wright Patman F.C.U. | | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | |
| | Dollar Savings Bank | | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Mellon Bank | | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
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For additional assets and unearned income, use next page

Reporting Individual's Name

William J. Coyne

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
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Schedule IV

Reporting Individual's Name
William J. Coyne

## SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10 001 – $15 000 | C $15 001 – $50 000 | D $50 001 – $100 000 | E $100 001 – $250 000 | F $250 001 – $500 000 | G $500 001 – $1 000 000 | H over $1 000 000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del | | | | X | | | |
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## SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name
William J. Coyne

## SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totaling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure – Destination(s) – Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C. – Chicago – Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C. – Los Angeles – Cleveland | Y | Y | Spouse | 4 Days |
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Reporting Individual's Name
William J. Coyne

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
|---|---|
| Board Member | YMCA of Pittsburgh |
| Board Member | Flax Trust |
| | |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 28.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO: 1992 56-535A (m)

(4)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

Robert E. Cramer, Jr.
(Full Name)

417 Eustis Avenue, S.E.
(Mailing Address)

Huntsville, AL 35801

Daytime Telephone: 202-225-4801

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: Alabama District: 5th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

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MC

(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert E. Cramer

DATE (Month, Day, Year): 5/12/93

Reporting Individual's Name: Robert E. Cramer, Jr.

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| | | | Easy Street Investment Company, Inc. Huntsville, AL (1 share) | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | | | Alabama State Employees Deferred Income Account, Montgomery, AL | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | | | (Invested in:) Nationwide Fixed Annuity | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Massachusetts Capital Development Loan to Friends of Bud Cramer Campaign Huntsville, AL (paid off in 1992) | X | | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | | | Money Market Account, Southtrust Bank Huntsville, AL | | | | X | | | | | | | | X | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name
Robert E. Cramer, Jr.

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependant child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Example: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Rockwell, TRW, Mc Donnell Douglas, GenCorp Aerojet—tour aerospace facilities and meet with executives | Jan 7-12 | Huntsville, AL-Los Angeles-San Francisco-Huntsville | Y | Y | None | 2 days |
| | Dr. Karl Jurak Foundation--tour site and develop future parameters Visit Child Advocacy Center | February 7 | Huntsville, AL-Tulsa, OK-Huntsville, AL | N | Y | None | No |
| | Dr. Karl Jurak Foundation--open justice center | March 15 | Washington, DC-Tulsa, OK-Washington, DC | N | Y | None | No |
| | Electronic Industries Association Annual Legislative Roundtable Discuss issues pertinent to industry | April 13-19 | Huntsville, AL-Fort Myers, FL-Huntsville, AL | Y | Y | None | 3 days |
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Reporting Individual's Name
Robert E. Cramer, Jr.

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Board Member (unpaid) | National Center for Missing and Exploited Children, Arlington, VA |
| Board Member (unpaid) | National Network of Child Advocacy Centers, Huntsville, AL |
| | |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 28.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO: 1982 86-538A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 14 AM 9:32

HAND DELIVERED

MC (8) (Office Use Only)

Philip Miller Crane
(Full Name)

233 Cannon Building
(Mailing Address)

Washington, DC 20515 — Daytime Telephone (202) 225-3711

**Filer Status**: [X] Member of the U.S. House of Representatives — State Illinois, District 12 — [ ] Officer or Employee — Employing Office:

**Report Type**: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | [ ] | [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | [X] | [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | [X] | [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | [X] | [ ] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | [ ] | [X] |
| Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | [X] | [ ] |
| Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | [X] | [ ] |
| Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | [X] | [ ] |
| Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | [ ] | [X] |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | [ ] | [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | [ ] | [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Philip M. Crane — DATE (Month, Day, Year): 5/13/93

Reporting Individual's Name

Philip Miller Crane

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash , D C | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug 13, 1992 | $500 |
| National Association of Independent Insurers | Speech | March 13, 1992 | $500 |
| National Association of Independent Insurers | Speech | Oct. 12, 1992 | $1000 |
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**Reporting Individual's Name**
Philip Miller Crane

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None"

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | | BLOCK B Valuation of Asset | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | | Year End Value (X) | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | X | | | | | | | | |
| | Congressional Credit Union Accounts | | | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | |
| S | First American Bank Account | | | | | | | | | X | | | | | X | | | | | | | | | X | | | | | | |
| | Teacher's Insurance & Annuity Assoc TIAA/CREF (Retirement) | | | | | | X | | | | | | | | | | | | N/A | | | | | | | | | | | |
| | Am Capital Govt Securities Funds (IRA) | | | | | | X | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Wellesley Income Fund (SEP-IRA) | | | | | | | | X | | | | X | | | | | | | | | | | X | | | | | | |
| | New England Life Money Market Account | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page



Schedule III

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Philip Miller Crane

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| Putnam Income Mutual Fund | | | | | X | | | | | | X | | | | | | | | | | | | X | | | | | |
| Putnam Insured Mutual Fund | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | |
| Nuveen Municipal Value Fund | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | |
| Nuveen Quality Income Municipal Fund | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | |
| MFS Municipal Income Trust | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | |
| Wilkins Industrial Development Bond | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | |
| Bay Oaks Development Corp (formerly JA Burallí & Assoc, L.P.), interest in 400 acres development property in McHenry, IL | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| Fountain County, Indiana, Farm | | | | X | | | | | | | | | | | | | Farm Income | | | | | | X | | | | | |
| Coin Collection | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| Bay View Development Corp, interest in 130 acres development property in McHenry, IL | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | X |
| The Equitable Companies, Inc. | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | X |

Reporting Individual's Name

Philip Miller Crane

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H Over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Bay View Development Corporation | X | | | 01-12-92 | | | X | | | | |
| | The Equitable Companies, Inc. (stock distributed to policy holders) | X | | | 07-22-92 | X | | | | | | |

Reporting Individual's Name

Philip Miller Crane

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St Dover, Del | | | | X | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs Joseph H Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| Kemper Open Committee | Carry-all, shirt, sweater, jacket, clock, sweatshirt, pullover | $240 |
| University of Illinois | Football tickets | $248 |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

Philip Miller Crane

## SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| | Source | Date(s) | Point of Departure – Destination(s) – Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C. – Chicago – Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C. – Los Angeles – Cleveland | Y | Y | Spouse | 4 Days |
| | Edison Electric Institute | Jan 14-17 | DC-Naples, FL-DC | Y | Y | Spouse | N |
| | International Management And Development Institute | Feb 13-17 | DC-London-DC | Y | Y | Spouse | N |
| | Barry Financial Group | March 5-7 | DC-West Palm-Chicago<br>Spouse: DC-West Palm-DC | Y | Y | Spouse | N |
| | Natl Assoc of Broadcasters | April 10-20 | DC-Las Vegas-DC | Y | Y | Spouse | 7 days |
| | Friends of Hong Kong Committee | June 17-21 | DC-London-DC | Y | Y | Spouse | N |
| | NRG Energy, Inc. | Aug 20-23 | Sun Valley, ID-Salt Lake,UT | Y | Y | Spouse | N |
| | Delta Airlines | Aug 23-26 | DC-Salt Lake, UT-DC | Y | Y | Spouse | N |
| | John Birch Society | Sept 26-29 | Chicago-Atlanta-DC<br>Spouse: DC-Atlanta-DC | N | N | Spouse | 3 days |
| | Congressional Charity Golf Tnmt | Nov 6-8 | DC-White Sulphur Springs-DC | Y | Y | Spouse | N |
| | Puerto Rico, U.S.A. Foundation | Dec 1-6 | DC-San Juan, PR-DC | Y | Y | Spouse | N |
| | The Bank Tax Institute | Dec 8-13 | DC-Orlando-DC | Y | Y | Spouse | 3 days |
| | | | | | | | |
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This page may be copied if more space is required.

Reporting Individual's Name
Philip Miller Crane

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
|---|---|
| Board of Advisors | John M. Ashbrook Center for Public Affairs, Ohio |
| Board of Trustees | Ashland University, Ohio |
| Board of Trustees | Hillsdale College, Michigan |
| Trustee | Intercollegiate Studies Institute, Pennsylvania |
| | |
| | |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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GPO: 1982 50-835A (pa)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 13 PM 2:32

Michael D. Crapo
(Full Name)

2005 Charlotte
(Mailing Address)

202-225-5531
Daytime Telephone

Idaho Falls, Idaho 83402

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [x] Member of the U.S. House of Representatives | State Idaho District: Second | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [x] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

MC (6)

**HAND DELIVERED**
(Office Use Only)

657

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [x] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [x] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [x] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [x] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [x] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] No [x] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [x] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [x] No [ ] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [x] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from the report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [x] |
| **EXEMPTION** — Have you excluded from the report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [x] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** M Mike Crapo

**DATE (Month, Day, Year)** 5-13-93

Reporting Individual's Name
Michael D. Crapo

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $8,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Idaho State Senate | salary | $14,294.37 |
| | Holden, Kidwell, Hahan & Crapo (law partnership) | non-employee compensation (buy-out) | $13,901.00 |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
Michael D. Crapo

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | Holden, Kidwell, Hahn & Crapo Partnership interest | | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| JT | Undivided minority interest in 359 acres ranch land, Freemont, Co. ID | | | | | X | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Merrill Lynch CMA Money Fund | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | |
| JT | CIPSCO, Inc. Illinois-common stock | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | |
| JT | World Income Fund, Inc., common | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | |
| JT | Unit JMB Hawaii Ltd, Ptnrshp Intl, | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Michael D. Crapo

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| JT | Idaho Health Fac. Auth. Magic Valley | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| JT | Idaho Falls, ID Electric Bonds | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| JT | Idaho Housing Agency Bonds | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| JT | Idaho State Retirement Plans | | | X | | | | | | | | not applicable | | | | | | not applicable | | | | | | | | | | |
| DC | Merrill-Lynch Fund for Tomorrow Class B | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| DC | Merrill-Lynch Basic Value Fund Class A | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | IRA: TIGR Prine, Series 23 0% | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | |
| JT | IRA Merrill-Lynch Retire Reserve | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | IRA: Merrill-Lynch World Income Fund | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | IRA: MLH Income Realty Ptnrshp VI LP 86 | | | X | | | | | | | | | | X | | | | X | | | | | | | | | | |
| JT | IRA: Merrill-Lynch Fund for Tomorrow Class B | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | Key Bank of Idaho Checking Account | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| JT | PAB Oil & Mining, Inc. | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Frontier Energy Corp. | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Investment Develpment Corp. | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: Michael D. Crapo

Continuation Sheet (if needed)

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| JT | Keogh: Shearson Temporary Investment Fund, Inc. | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| JT | Keogh: Ford Cap BV Bond | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| JT | Keogh: Duff & Ohelps Utilities Income Fund, Inc. | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| JT | Keogh: West One Bank Common Trust Fund KA | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| JT | Keogh: West One Bank Common Trust Fund KA Segregated | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| JT | Medical and Prof. Credit Union | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |

| Reporting Individual's Name |
|---|
| Michael D. Crapo |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
|---|---|
| | |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 1/1/92 | Michael D. Crapo and Holden, Kidwell, Hahn & Crapo (law partnership) | Buy-out of interest in partnership; including right to deferred compensation for work performed prior to election, and continued participation in Keogh account managed for firm. |
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GPO 1992 50-538A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 17 PM 12: 33

HAND DELIVERED

Congressman Randy "Duke" Cunningham
(Full Name)

117 Cannon HOB (202) 225-5452
(Mailing Address) Daytime Telephone

Washington, DC 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: CA District: 51 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

mc (Office Use Only)

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## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [X] No [ ] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [/] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| Randy Duke Cunningham | 5/17/93 |

Reporting Individual's Name
Randy "Duke" Cunningham

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Encinitas Union School District | spouse /salary | NA |
| | Ron Zimmerman, Inc. (Phoenix AZ.) Member | sales/video tape | 2,000.00 |

For payments to charity in lieu of honoraria, use Schedule II



Schedule I

**Reporting Individual's Name**
Randy "Duke" Cunnigham

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse; or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| | BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | Over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | Over $1,000,000 | Transaction (X) |
| S | Example: ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| DC | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| JT | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | sole share Top Gun Enterprises/holder | | | | | | | X | | | | | | | X | | | | | | X | | | | | | | | |
| JT | Mission Valley Fed. Credit Union | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| JT | Union Bank Miramar/checking | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| JT | Union Bank Mirmar/checking | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | IRA: Spouse/Union Bank Miramar | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| JT | IRA: Member/Union Bank Miramar | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Randy "Duke" Cunningham

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| JT | ~~note: secured by deed of trust located at Elsworth parcel #386-410-20/debtor:Calvin Goad~~ | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | |

Page 4 of 7

Schedule III – Continuation

666

Reporting Individual's Name
Randy "Duke' Cunnningham

## SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del | | | | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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## SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| Leader's Tournament/Golf | random drawing, available to public | 5,000.00 |
| TPC AVENEL Country Club | (2round trip ticket to Paris) | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

| Reporting Individual's Name |
|---|
| Randy "Duke" Cunningham |

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Air Force Association | June 10-14 | DC to Mobile Alabama | Y | Y | Spouse | 4 |
| | Gathering of Eagles | | Mobile to D.C. | | | | |
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| Reporting Individual's Name |
|---|
| Randy "Duke" Cunnigham |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Board of Directors | San Diego Air & Space Museum (uncompensated) |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 28.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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GPO: 1988 88-336A (pb)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY -5 AM 7:58

PAT DANNER
(Full Name)

1217 LONGWORTH HOB
(Mailing Address)

WASHINGTON DC 20515

Daytime Telephone: 202-225-7041

(5)

| Filer Status | [X] Member of the U.S. House of Representatives — State: ____ District: ____ | [ ] Officer or Employee — Employing Office: ____ |
|---|---|---|
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: ____ |

MC (Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** NA- NEW MEMBER | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** NA- NEW MEMBER | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** NA- NEW MEMBER | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (*See* 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Pat Danner

**DATE (Month, Day, Year)** 5/4/93

Reporting Individual's Name
PAT DANNER

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | MISSOURI STATE SENATOR | SALARY | 22,862.52 |
| | AETNA (SPOUSE) (ANNUITY) | TWA RETIREMENT | NA |

For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
PAT DANNER

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year-end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | X | | | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| | | | FAIRLINGTON VILLAGE PROPERTIES 4811 South 31st ST, Arlington, VA | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| | | | PRAIRIE VIEW CARWASH PRAIRIE VIEW, MISSOURI | | | | | | | X | | | | | | | | | PROFITS | | | | X | | | | | | |
| | | | GLENWOOD APTS SMITHVILLE, MISSOURI | | | | | | | | X | | | X | | | | | | | X | | | | | | | | |
| | | | GRAY ACRES, KANSAS City, MISSOURI | | | | X | | | | | | | | | | | | LOTS | | X | | | | | | | | |
| | | | LOT #5 MEADOWBROOK HIGHLANDS GLADSTONE, MISSOURI | | | X | | | | | | | | | | | | | LAND | | X | | | | | | | | |
| JT | | | GRAND RIVER PARAGES, Chillicothe, MO | | | | | X | X | | | | | | | | | | LAND | | X | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: PAT DANNER

| S, DC, JT | BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.) | BLOCK B Valuation of Asset — Year End Value (X): A None | B Less than $1,001 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | Over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income — Type of Income (X): DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X): I None | II Less than $201 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | Over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | BRIARCLIFF POINT PARTNERS KANSAS City, MO | | | | | | X | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | VENTURES NORTH INC. KANSAS City, MO | | | | | | X | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | BARCLAY PLACE DEVELOPMENT CO. KANSAS City, MO | | | | | X | | | | | | | X | | | | | | X | | | | | | | | | | |
| | MACON County FARM, MACON, MISSOURI | | | | X | | | | | | | | | | | | | FARM INCOME CRP | | | • | X | | | | | | | |
| JT | CARROLL County FARM HALE, MISSOURI | | | | | X | | | | | | | | | | | | FARM INCOME | X | | | | | | | | | | |
| | 5403 N. WASHINGTON, KANSAS City, MO | | | | | X | | | | | | | X | | | | | | X | | | | | | | | | | |
| | MEMBERS AMERICA CREDIT UNION · IRA | | | | | | | X | | | | | | X | | | | | | | | | | | | | | | NA |
| | MEMBERS AMERICA CREDIT UNION | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | |

Reporting Individual's Name
PAT DANNER

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | SOURCE ONE OF FARMINGTON HILL, MICHIGAN | mortgage on Farmington Village Prop | | X | | | | | |
| | BOATMEN'S FIRST NATIONAL BANK of LEE'S SUMMIT | MORTGAGE ON CEDARWOOD | | | | | | X | |
| | CAMERON SAVINGS & LOAN ASSOCIATION, CAMERON, MO | mortgage on 5403 N. WASHINGTON | | | X | | | | |
| | CAMERON SAVINGS & LOAN ASSOCIATION, CAMERON, MO | MORTGAGE ON CARROLL County FARM | | X | | | | | |
| | LIBERTY SAVINGS & LOAN ASSOCIATION, LIBERTY, MO | mortgage on VENTURES NORTH | | | | X | | | |
| | LIBERTY SAVINGS & LOAN ASSOCIATION, LIBERTY, MO | MORTGAGE ON BRIARCLIFF POINT PARTNERS | | | | X | | | |
| | FIRST MISSOURI FEDERAL SAVINGS & LOAN ASSN | mortgage on Livingston County FARM | | X | | | | | |
| | PLATTE VALLEY BANK of SMITHVILLE | MORTGAGE ON PRAIRIE VIEW CHURCH | | | | X | | | |
| | METRO NORTH STATE BANK of KANSAS CITY | mortgage on BARCLAY PLACE DEV. | | | X | | | | |
| | MEMBERS AMERICA CREDIT UNION | LOAN - PERSONAL | | | X | | | | |
| | | | | | | | | | |

## SCHEDULE VI—GIFTS (NA- NEW MEMBER)

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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Use additional sheets if more space is required.

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

REGISTRY (5)
1993 MAY 17 AM 10:03

GEORGE (BUDDY) DARDEN
(Full Name)
2303 RAYBURN BLDG.
(Mailing Address)
WASHINGTON, D.C. 20515
Daytime Telephone: (202) 225-2931

HAND DELIVERED

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: ____ District: ____ | [ ] Officer or Employee | Employing Office: ____ |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: ____ |

MC (Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U.S.C. app. 6, § 101 et seq.) The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL: George (Buddy) Darden

DATE (Month, Day, Year): 5/14/92

Reporting Individual's Name
DARDEN

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | TEXTRON, INC./BELL HELICOPTER | SPEECH | JAN 23, 1992 | 2000 |
| | TEXAS INSTRUMENTS | SPEECH | FEB 25, 1992 | 2000 |
| | LTV | SPEECH | MAR 11, 1992 | 1000 |
| | (ALL DIRECTED TO THE FIRST UNITED METHODIST CHURCH, MARIETTA, GEORGIA) | | | |

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Reporting Individual's Name
DARDEN

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | Category of Amount of Income (X) | | | | | | | | | Block D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| Example: | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| JT | ALLATOONA FEDERAL STOCK | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | GEORGIA SECURITY BANK STOCK | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | COBB FEDERAL - IRA | | | | | X | | | | | | | | | | | | | N.A. | | | | | | | | | | |
| JT | C.D. BARNETT BANK-MARIETTA | | X | | | | | | | | | (SEE NOTE) | | | X | | | | | | X | | | | | | | | |
| S | WESTSIDE BANK STOCK | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page



Schedule III

Reporting Individual's Name
DARDEN

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | GILMAN FOUNDATION (attended meeting and travel facilities) | JAN 6-8 1992 | ATLANTA-YULEE, FLA ATLANTA | Y | Y | NONE | N |

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Schedule VII

Reporting Individual's Name
DARDEN

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 26.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| | |
| TRUSTEE | RICHARD B. RUSSELL FOUNDATION |
| | |
| | |
| | |
| | |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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GPO: 1982 56-538A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 24 AM 3 39

HAND DELIVERED

MC (9) (Office Use Only)

| | |
|---|---|
| (Full Name) | John Nathan Deal |
| (Mailing Address) | 8805 Skitts Mountain Road |
| (Mailing Address) / Daytime Telephone | Lula, Georgia 30554 / 404-983-9987 |
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: Georgia District: 9th; [ ] Officer or Employee — Employing Office: |
| **Report Type** | [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes | X | No | | |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes | | No | X | |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes | X | No | | |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes | X | No | | |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes | X | No | | |
| Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes | | No | X | |
| Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes | | No | X | |
| Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes | X | No | | |
| Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes | | No | X | |
| Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | | | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes | | No | X |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes | | No | X |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| Nathan Deal | May 21, 1993 |



080

Reporting Individual's Name

John Nathan Deal

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | General Assembly of Georgia, Atlanta, Georgia | Salary & Expenses | 17,582.87 |
| | Carey, Deal, Jarrard & Walker, Gainesville, Georgia | Partner's share of income | 131,601.00 |
| | Carey, Deal, Jarrard & Walker, Gainesville, Georgia | Auto usage allowance | 700.00 |
| | Deal & Jarrard, Gainesville, Georgia | Partner's share of income | 9,067.00 |
| | Hall County Board of Education, Gainesville, Georgia | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
John Nathan Deal

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| Not Applicable | | | |
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**Reporting Individual's Name**
John Nathan Deal

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples. S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Note Receivable - Charles D. & Norma Matthews (½ interest) | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | |
| | ½ Interest - 212 Green Street Gainesville, Georgia - Building | | | | | | | X | | | | | X | | | | | | | | | | | | X | | | | |
| JT | Rental House - 8811 Skitts Mt. Road, Lula, Georgia | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 10% Interest in Banks Lands, LTD. Limited Partnership | | | X | | | | | | | | X | | X | X | | | | | | X | | | | | | | | |
| | 25% Interest - 410 Bradford St., Gainesville, Ga. - Building | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | X |
| | 25% Interest - Carey, Deal, Jarrard & Walker-Law Partnership | | | | | X | | | | | | | | | | | | Fees | | | | | | | | | X | | X |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John Nathan Deal

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST / QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 / over $1,000,000 | |
| IRA - 1st Nat. Bank Gainesville, Georgia | | | | X | | | | | | | | | X | | | | | | | X | | | | | | |
| IRA - Community Bank & Trust Cornelia, Georgia | | | X | | | | | | | | | | X | | | | | | X | | | | | | | |
| IRA - Lanier National Bank Gainesville, Georgia | | | X | | | | | | | | | | X | | | | | | X | | | | | | | |
| IRA - Home Trust Bank Gainesville, Georgia | | | | X | | | | | | | | | X | | | | | | | X | | | | | | |
| Wachovia Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | |
| 1st National Bancorp Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | |
| 1st National Bank Account | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| Wachovia Bank Account | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| North Ga. Farm Credit Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| Recovery Services, Inc. Stock | | | X | | | | | | | | X | | | | | | X | | | | | | | | | |
| Georgia Dept. of Revenue | | | X | | | | | | | | | | | | | Income Tax Refund | | | | X | | | | | | |

Reporting Individual's Name
John Nathan Deal

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| $, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | 25% Interest in 410 Bradford Street, Gainesville, Ga. | | x | | 12-92 | | x | | | | | |
| | 25% Interest in Carey, Deal, Jarrard & Walker - Law partnership and equipment | | x | | 12-92 | | x | | | | | |

Schedule IV

Reporting Individual's Name
John Nathan Deal

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | 1st Nat. Bank, Gainesville, Ga. | Mortgage on 212 Green St., Gainesville, Ga. | | X | | | | | |
| | Wachovia Bank, Gainesville, Ga. | Mortgage on 212 Green St., Gainesville, Ga. | | X | | | | | |
| | Lanier Nat. Bank, Gainesville, Ga. | Mortgage on 410 Bradford St., Gainesville, Ga. | | | | | X | | |
| | Home Trust Bank, Gainesville, Ga. | Recovery Services, Inc.-Debt | | | | | X | | |
| | 1st Nat. Bank, Gainesville, Ga. | Unsecured Note | | X | | | | | |
| | Gainesville Bank & Trust, Gainesville, Ga. | " " | | X | | | | | |
| | Northwest Georgia Bank, Ringgold, Ga. | " " | | X | | | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs Joseph H Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| Not Applicable | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name
John Nathan Deal

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Not Applicable | | | | | | |

This page may be copied if more space is required.

Reporting Individual's Name

John Nathan Deal

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Partner | Carey, Deal, Jarrard & Walker, Law Partnership |
| Partner | Carey, Deal, Jarrard & Walker, Real Estate Partnership |
| Partner | Deal & Jarrard, Real Estate Partnership |
| Secretary/Treasurer | Recovery Services, Inc. |
| Director<br>Supervisor | Georgia Natural, Inc.<br>Hall County Soil & Water Conservation District |
| Senator (Pres. Pro-Tem) | State of Georgia - Senate |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | Not Applicable | |
| | | |
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GPO: 1989 50-434A (8/89)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

APR 22 PM 3 50
U.S. HOUSE OF REPRESENTATIVES

INSIDE MAIL

9

Peter A. DeFazio
(Full Name)

1233 LHOB Wash D.C. 20515 — 202 225 6416
(Mailing Address) — Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: OR District: 4TH | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

MC
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [✓] | No [ ] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [✓] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [✓] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [✓] | No [ ] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [✓] | No [ ] |
| Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [✓] |
| Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [✓] |
| Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [✓] | No [ ] |
| Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [✓] |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [✓] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [✓] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** — **DATE (Month, Day, Year)** 15 Apr 93

Reporting Individual's Name
Peter DeFazio

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | U.S. GOVT. | SELF SALARY | |
| | CITY OF EUGENE OREGON | SPOUSE SALARY | |
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For payments to charity in lieu of honoraria, use Schedule II

Page ____ of ____

Schedule I



2

Reporting Individual's Name
PETER DeFazio

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| NONE | | | |

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Page ____ of ____

Schedule II

Reporting Individual's Name
Peter DeFazio

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U S Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | |
| S | 1937 WALNUT GROVE, DOUGLAS CO., RESIDENTIAL PROPERTY, LAND SALE CONTRACT, J. JACKSON & SON, NOT CAPITAL GAIN | | | | | X | | | | | | | | | | | | | LAND SALE CONTRACT | |
| JT | TREE FARM, 138 ACRES, PORTUGAL, P.O.S. INTEREST, BEAR VALLEY FARMS, | | | | | | | | | | | | | | | | | | | |
| — | TAX LOT #13271520, SENECA, GRANT CTY, OREGON | | | | | X | | | | | | | | | | | | | | X |
| S | Deferred Compensation Act - VALIC | | | | | X | | | | | | | | | | | | | TAX DEFERRED ACCUMULATION | X |
| S | IRA VALIC | | | | | X | | | | | | | | | | | | | TAX DEFERRED ACCUMULATION | X |
| S | FERS Deferred Compensation Act | | | | | | X | | | | | | | | | | | | TAX DEFERRED ACCUMULATION | X |

| Block A | Block C Amount of Income (X): None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|
| ABC Corporation Stock | | | X | | | | | | | |
| George Wash. Credit Union Accounts | | | | | X | | | | | |
| 182 Main Street, Dover, Delaware | | | | X | | | | | | |
| 1937 WALNUT GROVE, DOUGLAS CO., RESIDENTIAL PROPERTY, LAND SALE CONTRACT, J. JACKSON & SON, NOT CAPITAL GAIN | | | | X | | | | | | |
| TREE FARM, 138 ACRES, PORTUGAL, P.O.S. INTEREST, BEAR VALLEY FARMS, | | | | | | | | | | |
| TAX LOT #13271520, SENECA, GRANT CTY, OREGON | | | | | | | | | | |
| Deferred Compensation Act - VALIC | X | | | | | | | | | |
| IRA VALIC | X | | | | | | | | | |
| FERS Deferred Compensation Act | X | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Peter DeFazio

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| S | IRA – Self Directed Bidwell & Co | | X | | | | | | | | | | | | | | | FMV Differed Accumulation | X | | | | | | | | | | |
| S | Oakmark Mutual Fund | | X | | | | | | | | | X | | | X | | | | | X | | | | | | | | | |
| S | Berger 100 Mutual Fund | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | |

Reporting Individual's Name
PETER DeFazio

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| JT | TREE FARM - (Sched III) | | X | | 10/01/92 | | X | | | | | |

Page 1 of 1

Schedule IV

(6)

Reporting Individual's Name
Peter DeFazio

## SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | American Residential Mortgage | Mortgage on 53880 Pine Grove Rd Lapine OR | | X | | | | | |
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## SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name
Peter Defazio

## SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure – Destination(s) – Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C. – Chicago – Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6–13 | Wash., D.C. – Los Angeles – Cleveland | Y | Y | Spouse | 4 Days |
| | None | | | | | | |

This page may be copied if more space is required.

Page 1 of 1

Schedule VII

Reporting Individual's Name
Peter Del Fozio

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| PARTNER | BEAR VALLEY FARMS |
| | |
| | |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
| | | |
| | | |
| | | |
| | | |

GPO 1982 O-335A (pb)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 PM 2:59
HOUSE

(4)

MC **HAND DELIVERED**
(Office Use Only)

E (Kika) de la Garza
(Full Name)

1401 Longworth House Office Building
(Mailing Address) Daytime Telephone

Washington, D C 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Texas District: 15th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** E. de la Garza

**DATE (Month, Day, Year)** May 14, 1993

Reporting Individual's Name

E (Kika) de la Garza, M C

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | Cheese Importers Association of America | speech | Mar 24,1992 | $1000 |
| | American Feed Grain Association | speech | June 1, 1992 | 1000 |

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Reporting Individual's Name

E (Kika) de la Garza, M C

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST / QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Wright Patman Federal C.U. | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | IRA - Washington Federal | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | County & Municipal Employees CU | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | New York Life | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Texas Regional BancShares | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name
E (Kika) de la Garza, M (

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

| Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Examples: Chicago Chamber of Commerce | Mar 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| Examples: ABC Corporation | Aug 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| Ft Worth Star Telegram (speaker) Farm & Ranch Awards Luncheon | Jan 24 | McAllen-Dallas-Charleston | N. | N. | None | N |
| Nat'l Cattlemen's Assn. (speaker-annual convention) | Jan. 27 | Charleston-San Diego-Wash, D C | Y (1 night) | Y | None | N |
| Texas Aquaculture Assn (speaker-conference) | Jan 31 | Wash,DC-Corpus Christi | N. | N | None | N |
| U S Feed Grains Council (speaker - meeting) | Feb 10 | Wash, DC-Tampa-Montgomery, Al | Y (1 night) | Y | None | N |
| Tuskegee University (speaker-Annual Farmers Conf) | Feb. 11 | Montgomery, Al - Wash D.C. | N | N | None | N |
| Texas A&M University (speaker - conference) | Apr 3 | Wash, D C- Houston | Y (1 night) | Y | None | N |
| Mohair Council of America (speaker-intern'l conference) | June 8 | San Antonio - Wash, DC | N | N | None | N |
| Alabama A&M University(speaker) Assn of Research Directors | Aug 14 | Little Rock, Ark - Oklahoma City-McAllen, Tx. | Y (1 night) | Y | None | N |
| Monsanto Corporation (speaker - luncheon) | Sept 7 | Houston - St Louis-Washington, D C | Y (1 night) | Y | None | N |
| World Food Organization (speech at awards ceremony) | Oct 12 | Harlingen-TX-Des Moines, McAllen, TX | Y (1 night) | Y | None | N |
| American Bankers Assn (speech-national conference) | Nov 16 | Round trip McAllen,TX-Minneapolis,MN | Y (1 night) | Y | None | N |
| Farm Credit Council (speech-annual meeting) | Nov 19 | Round Trip McAllen,TX-Austin, Texas | N | N | None | N |
| | | | | | | |
| | | | | | | |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(7)

ROSA L. DeLAURO
(Full Name)

49 Huntington Street
(Mailing Address)

New Haven, CT 06511

Daytime Telephone: (202) 225-3661

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State CT District 3rd | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

HAND DELIVERED
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Rosa L. DeLauro

**DATE (Month, Day, Year)** 5/17/93

Reporting Individual's Name

ROSA L DeLAURO

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Greenberg-Lake, The Analysis Group, Inc. | Spouse: Salary | NA |
| | Yale University Press | Spouse: Royalties | 216 |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

ROSA L DeLAURO

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | | BLOCK B Valuation of Asset | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | | Year End Value (X) | | | | | | | | | Type of Income (X) | | | | | | Category of Amount of Income (X) | | | | | | | | | | |
| | | | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | |
| S | Merrill Lynch - Profit Sharing Greenberg-Lake, The Analysis Group | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | Political Properties General Partnership (30% Own) | | | | | | | | X | | | | STMT I | | | | | | | Partnership Income | | | | | X | | | | | |
| S | Greenberg-Lake, The Analysis Group, Inc ( 150 Shares ) | | | | | | | | | | X | | STMT II | | | | | | | | X | | | | | | | | | |
| JT | Horizon Towers & Executive House (½ of 1 share; own 1.2375%) holding | | | | | | X | | | | | | | | | | | | | Partnership Income | X | | | | | | | | | |
| | New Haven 124 Units 5 acres Colonial Executive Lmtd Partnership | | | | | | | | | | | | STMT III | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page



Schedule III

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ROSA L DeLAURO

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S | TIAA/CREF - Pension Plan | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| | TIAA/CREF Pension Plan | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | Federal Capital Bank- Washington, DC | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| JT | Fleet Bank- Savings Connecticut | | | | | X | | | | | | | | X | | | | | | X | | | | | | | | |
| | Ted DeLauro Scholarship Fund Fleet Bank | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Following assets in joint name with Louisa DeLauro, my mother, for estate | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | planning purposes only. Assets are under control of and all income is | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | reported by joint tenant Louisa Delauro | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. Savings Account | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | |
| | 2. Franklin Federal Tax Free Fund | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 3. Dryfus Capital Value Fund | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |

Reporting Individual's Name
ROSA L DeLAURO

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del | | | | X | | | |
| JT | Federal Deposit Insurance Corp. | Mortgage on rental property 515 2nd Street,NE, Washington DC | | | | X | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

| Reporting Individual's Name |
| --- |
| ROSA L DeLAURO |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
| Fellow | Timothy Dwight College - Yale University |
| | |
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| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
| | | |
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| | | |
| | | |
| | | |

GPO 1982 86-838A (JN)

Rosa L. DeLauro
49 Huntington Street
New Haven, CT 06511

House of Representatives, CT, 3rd District

ATTACHMENTS: BASIS OF VALUATION

Statement I, schedule III, page 3
Political Properties General Partnership

D.C. Assessed Value = $690,000; 30% share = $207,000
No net income

Statement II, schedule III, page 3
Greenberg-Lake, Inc.

Shares value based on net book value of incorporation at 12/31/92

Statement III, schedule III, page 3
Colonial Executive Limited Partnership (ownership share = 1.2375%)

Assessed value $3,045,000 * .012375 share = $37,682 (gross value)
Letter from attorney setting out outstanding mortgage and resale value; net value = 0

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 13 PM 4:37

Thomas Dale DeLay
(Full Name)

407 Cannon House Office Building
(Mailing Address)

(202) 225-5951
Daytime Telephone

Washington, D.C. 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Texas District: 22nd | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

MC (9)

**HAND DELIVERED**
MC
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Thomas D. DeLay

DATE (Month, Day, Year): 05/12/93

Reporting Individual's Name

Thomas Dale DeLay

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Fairfax County Board of Education | Spouse Salary | N/A |

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
Thomas Dale DeLay

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash , D C | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug 13, 1992 | $500 |
| Tobacco Institute | Speech | Jan. 14-20, 1992 | $2000.00 |
| U.S. Tobacco | Speech | Feb. 9-11, 1992 | $2000.00 |
| Footwear Distributors & Retailers of America | Speech | May 3-4, 1992 | $1000.00 |
| American Bankers Association | Speech | May 6, 1992 | $500.00 |
| Smokeless Tobacco Council | Speech | May 26, 1992 | $1000.00 |
| Dresser Industries | Speech | May 30, 1992 | $500.00 |

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Reporting Individual's Name
Thomas Dale DeLay

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT — Examples: S — ABC Corporation Stock | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| Examples: George Wash. Credit Union Accounts | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| Examples: 182 Main Street, Dover, Delaware | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| S — Exxon | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| JT — Albo Pest Control | | | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
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For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Thomas Dale DeLay

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
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Reporting Individual's Name: Thomas Dale DeLay

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |

Page 6 of 9

Schedule IV

Reporting Individual's Name
Thomas Dale DeLay

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name

Thomas Dale DeLay

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Tobacco Institute | Jan. 14-20 | D.C. - Palm Springs - D.C. | Y | Y | Spouse | 4 Days |
| | U.S. Tobacco | Feb. 9-11 | D.C. - Palm Beach - D.C. | Y | Y | | |
| | MTU North America | Feb. 13-15 | D.C. - Miami - D.C. | Y | Y | | |
| | Assoc. of General Contractors | Mar. 1-2 | Houston - Dallas - D.C. | Y | Y | | |
| | USTA | April 23-26 | Houston - Orlando - D.C. | Y | Y | Spouse | |
| | Footwear Distributers | May 3-4 | Houston -Ft Lauderdale-D.C. | Y | Y | | |
| | Christian Coalition | Sept. 12-13 | D.C.-VA Beach-D.C.(rent car) | Y | Y | Spouse | |
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| Reporting Individual's Name |
|---|
| Thomas Dale DeLay |

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
|---|---|
| Chairman of the Board | Albo Pest Control (not compensated in 1992) |
| | |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 28.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO: 1992 [illegible]

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(2)

1993 MAY 17 AM 2:19
CLERK
U.S. HOUSE

Ronald V. Dellums
(Full Name)

2108 Rayburn Building ; U.S. House of Representatives (202) 225-2661
(Mailing Address) Daytime Telephone

Washington, DC 20515

mc

**HAND DELIVERED**
(Office Use Only)

| | | | |
|---|---|---|---|
| **Filer Status** | [x] Member of the U.S. House of Representatives — State: CA District: 9 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [x] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [x] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [x] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [x] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [x] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [ ] | No [x] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [x] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [x] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [x] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [x] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [x] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [x] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL: Ronald V. Dellums

DATE (Month, Day, Year): 5/15/93

Reporting Individual's Name

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Washington & Christian | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

720

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 13 PM 2 21

MC (9)

HAND DELIVERED

(Office Use Only)

RON DE LUGO
(Full Name)

2427 RAYBURN HOB, WASH., D.C. 20515
(Mailing Address)

202-225-1790
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State VIRGIN ISLANDS District: AT-LARGE | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
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**SIGNATURE OF REPORTING INDIVIDUAL:** RON DE LUGO

**DATE (Month, Day, Year):** May 13/93

Reporting Individual's Name

RON DE LUGO

## SCHEDULE I—EARNED INCOME

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| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | | | |
| | Diplomatic Duty-Free Shop, Washington, D.C. | Spouse | N/A |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

RON DE LUGO

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
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**Reporting Individual's Name**

RON DE LUGO

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT — Examples: S — ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | |
| 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | |
| Apartment 4d2, St.Joseph & Rosendahl, St. Thomas, V.I. | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | |
| Apartment, 922 24th St., N.W. Washington, D.C. 20037 | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| Fortuna Bay Estates, Stock | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| " " " Land | | | | | | X | | | | | | | | X | | | | | X | | | | | | | | |
| Estate Fortuna #3, 5 A/C | | | | | X | | | | | | | | | X | | | | | X | | | | | | | | |
| Fortuna Bay Estates, Inc.A/C Rec | | | | | | X | | | | | | | | X | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: RON DE LUGO

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | Estate Fortuna Parcel #4-1-60 | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| | (sec. A) Land | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cong. FCU | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Dyco Petroleum | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Ottley Cmmunications | | | | | X | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Vanguard - Star Fund (IRA) | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | |
| | Estate La Reine (Land) | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Vanguard Group - Wellington Fd | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | |

Reporting Individual's Name
RON DE LUGO

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Linder Funds (IRA) (8-92) | | X | | | | X | | | | | |
| | Vanguard - Star Fund (IRA) (10-92) | X | | | | | X | | | | | |

Reporting Individual's Name

RON DE LUGO

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Wright Patman Congressional Federal Credit Union (Personal) | | | X | | | | | |
| | Central Fidelity Charter Bank (Consumer Credit) | | X | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name

RON DE LUGO

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totaling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
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| Reporting Individual's Name |
|---|
| RON DE LUGO |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Vice Pres. | Fortuna Bay Estates, Inc. |
| (Uncompensated-See | |
| Schedule III) | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 14 PM 3:46

Butler C. Derrick, Jr.
(Full Name)

221 Cannon House Office Building, Washington, DC 20515 202-225-5301
(Mailing Address) Daytime Telephone

MC (8)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: SC District: 03 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**HAND DELIVERED**
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (*See* 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Butler C. Derrick Jr.

DATE (Month, Day, Year): 5/14/93

Reporting Individual's Name

Butler C. Derrick, Jr.

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Beverly Derrick, spouse, self employed artist | Artist fees | |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Butler C. Derrick, Jr.

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | The Connell Company | Speech | Feb. 14 | $2000 |
| | Coalition Against Regressive Taxation | Speech | Feb. 5 | $2000 |
| | Philip Morris Company | Speech | April 28 | $2000 |
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Reporting Individual's Name: Butler C. Derrick, Jr.

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT — Examples: S — ABC Corporation Stock | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| Examples: George Wash. Credit Union Accounts | | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | |
| Examples: 182 Main Street, Dover, Delaware | | | | | | | X | | | | | | X | | | | | | | | X | | | | | | | |
| Business Development Corp., Edgefield, SC (bonds) | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| S Delta Woodside Industries, Inc. | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | (NOTE: Previously below reporting value.) | |
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Reporting Individual's Name
Butler C. Derrick, Jr.

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 23.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
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Reporting Individual's Name
Butler C. Derrick, Jr.

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | County Bank, Greenwood, SC | Personal unsecured note | X | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name: Butler C. Derrick, Jr.

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | The Connell Company | Feb. 14-17 | SC-Newark, NJ-DCA | Y | Y | Spouse | N |
| | National Legislative Education Foundation | Nov. 7-10 | SC-Atlanta-Los Angeles-Chicago-SC | Y | Y | None | N |
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Reporting Individual's Name
Butler C. Derrick, Jr.

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Director | Edgefield County Foundation |
| | |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 25.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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GPO: 1983 [illegible]

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 19 AM 11:01
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MAY 17 1993 (7)
MC
(Office Use Only)

Peter Deutch
(Full Name)

PO Box 26778
(Mailing Address)

305-431-3936
Daytime Telephone

Tamarac, Fla 33320

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives — State: Florida District: 20 | ☐ Officer or Employee | Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

## PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes ☑ | No ☐ | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes ☐ No ☑ |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes ☐ | No ☑ | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes ☐ No ☑ |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes ☑ | No ☐ | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes ☑ No ☐ |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes ☐ | No ☑ | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes ☐ No ☑ |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes ☑ | No ☐ | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes ☐ | No ☑ |
| **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes ☐ | No ☑ |

## CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL**: Peter Deutch

**DATE (Month, Day, Year)**: 5/11/93

Reporting Individual's Name
Peter Deutsch

## SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | State of Florida, Sunrise Florida | Legislative Salary | 19,121 |
| | Peter Deutsch, Attorney at Law | Salary | 3,765 |

For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Peter Deutsch

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

**In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.**

**In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".**

**In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.**

**In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.**

**If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.**

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| JT | | | 4930 NW 65th Ave; Lauderhill, Fla | | | | | | X | | | | | | | | | | Home | X | | | | | | | | | |
| | | | 4350 S Pine Island Rd, Davie, Fla | | | | | | X | | | | | | | | | | Apartment | X | | | | | | | | | |
| JT | | | Merrill Lynch Money Market Fund | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| JT | | | California Federal Bank Money Market Fund | X | | | | | | | | | | | X | | | | | | | | X | | | | | | |
| | | | ~~[illegible]~~ Arizona Federal Bank, Money Market Fund Savings | X | | | | | | | | | | | X | | | | | | | | X | | | | | | |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Peter Deutsch

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | IRA - American Express Money Fund | | | X | | | | | | | | | | X | | | | | X/1 | | | | | | | | | | |
| | - Pilgrim Prime Rate Tr | | | X | | | | | | | | X | | X | X | | | | X/1 | | | | | | | | | | |
| | - TIGR Sor | | | | X | | | | | | | | | X | X | | | | X/1 | | | | | | | | | | |
| | - GT Global Telecommunications | | | X | | | | | | | | X | | X | X | | | | X/1 | | | | | | | | | | |
| | - GT Global Health Care | | | X | | | | | | | | X | | X | X | | | | X/1 | | | | | | | | | | |
| | Keogh - American Express Money Fund | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | - Oppenheimer High Yield Fund | | | | X | | | | | | | X | | X | X | | | | | | | | X | | | | | | |
| | Deferred Comp - Great Western Bank | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | - Security First | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| S | Genicorp Inc. | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| S | Zenith | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| S | IRA - American Express Money Fund | | X | | | | | | | | | | | X | | | | | X/1 | | | | | | | | | | |
| S | Benetton Group SPA (IRA) | | | X | | | | | | | | X | | | X | | | | X/1 | | | | | | | | | | |
| S | Genicorp (IRA) | | | X | | | | | | | | X | | | X | | | | X/1 | | | | | | | | | | |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Peter Deutsch

| S, DC, JT | BLOCK A: You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | BLOCK B Year End Value (X): None | A: Less than $1,001 | B: $1,001 - $15,000 | C: $15,001 - $50,000 | D: $50,001 - $100,000 | E: $100,001 - $250,000 | F: $250,001 - $500,000 | G: $500,001 - $1,000,000 | H: over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Type of Income (X): DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X): None | I: Less than $201 | II: $201 - $1,000 | III: $1,001 - $2,500 | IV: $2,501 - $5,000 | V: $5,001 - $15,000 | VI: $15,001 - $50,000 | VII: $50,001 - $100,000 | VIII: $100,001 - $1,000,000 | IX: over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S | IUAX Corp (IRA) | | | X | | | | | | | | X | | | X | | | | X | | | | | | | | | | |
| S | Stryker (IRA) | | | X | | | | | | | | X | | | X | | | | X | | | | | | | | | | |
| S | Summit Technologies (IRA) | | | X | | | | | | | | X | | | X | | | | X | | | | | | | | | | |
| S | Toys R US (IRA) | | | X | | | | | | | | X | | | X | | | | X | | | | | | | | | | |
| S | Tseng Laboratories (IRA) | | | X | | | | | | | | X | | | X | | | | X | | | | | | | | | | |
| S | Visx Inc. (IRA) | | | X | | | | | | | | X | | | X | | | | X | | | | | | | | | | |
| S | Wal-Mart Stores (IRA) | | | X | | | | | | | | X | | | X | | | | X | | | | | | | | | | |
| S | Govt. Zero Coupons (IRA) | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| DC | Axe Houghton B Fund | | | X | | | | | | | | X | | | X | | | | | X | | | | | | | | | |
| DC | Bank of North America | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| DC | 1st Union CD | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | |
| DC | Brunswick County Tax Liens | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| DC | Sherrison Money Market Fund | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| DC | Mortgage 312 NW 47th Ave, Ft. | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Loan to Peter Deutsch for Congress | | | | | | | X | | | | | | | | | | Loan to Campaign | | | | | | | | | | | |

Reporting Individual's Name: Peter Deutsch

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | First Union Mortgage Corp; Raleigh, N.C. | Mortgage on 4930 NW 65th Ave; Lauderhill Fla | | | | X | | | |
| JT | California Federal; Sunrise, Fla | Equity line on 4930 NW 65th Ave; Lauderhill, Fla | | | X | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name
Peter Deutsch

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Director | Jewish Federation of Ft. Lauderdale |
| Director | Alzheimer's Ass.; Broward County Chapter Advisory Bd |
| Director | Broward Homebound Program |
| | |
| | |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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GPO: 1982 56-535A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

MAY 17

LINCOLN R. DIAZ-BALART
(Full Name)

6920 S.W. 94th Avenue Miami, Florida 33173 (305)271-6048
(Mailing Address) Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State Florida District: 21 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

HAND DELIVERED
MC
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | N/A No [ ] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | N/A No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month, Day, Year) 5-13-93

Reporting Individual's Name

LINCOLN R. DIAZ-BALART

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Fowler, White et al., P.A. Miami, Florida | Partner salary | $71,890 |
| | State of Florida | Legislative salary | $19,115 |
| | Republic Bank of Miami Miami, Florida | Spouse salary | N/A |
| | AmeriSecurities Capital Corp. Miami, Florida | Spouse salary | N/A |

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

LINCOLN R. DIAZ-BALART

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | | | Transaction (X) |
| | | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | | |
| JT | Franklin Tax Free Bonds | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
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For additional assets and unearned income, use next page

Reporting Individual's Name

LINCOLN R. DIAZ-BALART

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
|---|---|
| Partner | Fowler, White, Burnett, Hurley, Banick & Strickroot, P.A. Miami, FL |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO: 1992 90-536A (pb)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 14 AM 9 06

Jay W. Dickey, Jr.
(Full Name)

Post Office Box 6038
(Mailing Address)

Daytime Telephone: 202/225-3772

Pine Bluff, AR 71611

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Arkansas District: 4th | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

(9)

HAND DELIVERED

MC

(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [XX] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jay W. Dickey Jr.

DATE (Month, Day, Year): 5-13-93

Reporting Individual's Name
Jay W. Dickey, Jr.

## SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Dickey Law Firm, P.A. | salary | $2050 |
| | Dickey Law Firm, P.A. | Directors fees | $12000 |
| | GRQ, Inc. | Directors fees | $52000 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Jay W. Dickey, Jr.

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| | Wal-Mart Stores, Inc. stock | | | | | | | | X | | | | X | | | | | | | | | X | | | | | | | | |
| DC | Wal-Mart Stores, Inc. stock | | | | | | X | | | | | | X | | | | | | | | X | | | | | | | | | |
| DC | Wal-Mart Stores, Inc. stock | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Dickey Law Firm, P.A. stock | | | | | | | | | X | | | | | | | | | | X | | | | | | | | | | |
| | GRQ, Inc. stock | | | | | | | | | X | | | | | | | | | | X | | | | | | | | | | |
| | FIG, Inc. stock | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jay W. Dickey, Jr.

| S, DC, JT | BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.) | BLOCK B Valuation of Asset: Year End Value (X) A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Adventure Travel, Inc. stock | | | | | X | | | | | | | | | | | | | X | | | | | | | | | |
| | Rah Rah, Inc. stock | | | | X | | | | | | | | | | | | | | X | | | | | | | | | |
| | Condray Sign & Advtg. Co. stock | | | | X | | | | | | | | | | | | | | X | | | | | | | | | |
| | MG Motors, Inc. stock | | | | X | | | | | | | | | | | | | | X | | | | | | | | | |
| DC | MG Motors, Inc. stock | | | | X | | | | | | | | | | | | | | X | | | | | | | | | |
| | Note Rec.-Condray Sign & Advtg. | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | |
| | Note Rec.-Adventure Travel, Inc | | | | X | | | | | | | | | | | | | | X | | | | | | | | | |
| | Note Rec.-Rah Rah, Inc. | | | | | X | | | | | | | | | | | | | X | | | | | | | | | |
| | Note Rec.-Dickey Law Firm, P.A. | | | | | | X | | | | | | | | | | | | X | | | | | | | | | |
| | Note Rec.-GRO, Inc. | | | | | X | | | | | | | | | | | | | X | | | | | | | | | |
| | Note Rec.-FIG, Inc. | | | X | | | | | | | | | | | | | | | X | | | | | | | | | |
| | Note Rec.-Edward A. Dickey | | | | | X | | | | | | | | | | | | | X | | | | | | | | | |
| | Note Rec.-Dickey for Congress | | | | | | X | | | | | | | | | | | | X | | | | | | | | | |
| | Metropolitan Life Ins. Annuity | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | |
| | Self directed IRA account Worthen National Bank, Trustee | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |



Schedule III—Continuation

Reporting Individual's Name
Jay W. Dickey, Jr.

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 23.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions * | Name of Organization |
|---|---|
| Director | Dickey Law Firm, P.A. |
| Director | Condray Sign & Advertising Co., Inc. / Adventure Travel, Inc. |
| Director | FIG, Inc. |
| Director | Rah Rah, Inc. |
| Director | GRQ, Inc. |
| Director | MG Motors, Inc. |

*Note-none of these directorships are compensated positions

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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GPO: 1988 50-088A (94)

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jay W. Dickey, Jr.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | S, DC, JT | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| 1.09 acre lot, Blake & Martha Mitchell Sts., Pine Bluff, AR | | | | | | | X | | | | | | | | | | | X | | | | | | | | | | |
| 1.82 acre lot, Blake & Martha Mitchell Sts., Pine Bluff, AR | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| ¼ interest land and bldg at 5th & Walnut Sts. Pine Bluff, AR | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| Leasehold interest in cottage Ludington, Michigan | | | | | | | X | | | | | | X | | | | | | | X | | | | | | | | |
| Land located at 28th & Olive Sts Pine Bluff, Arkansas | | | | | | | X | | | | | | X | | | | | | | | | | | | X | | | |
| Residential rental property, 512 W. 27th Pine Bluff, AR | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | |
| ¼ interest in land (60 acres) Jefferson County, Arkansas | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |



Schedule III – Continuation

Reporting Individual's Name: Jay W. Dickey, Jr.

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Wal-Mart Stores, Inc. for IRA account | X | | | 4-15-92 | X | | | | | | |
| | Land & Bldg. located at 6th & Linden Streets Pine Bluff | | XX | | 4-28-92 | | X | | | | | |

Reporting Individual's Name

Jay W. Dickey, Jr.

## SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St Dover, Del | | | | X | | | |
| | Betty Dickey Poole, Pine Bluff, Arkansas | Mortgage on 2710 Olive Street Pine Bluff, Arkansas | | | XX | | | | |
| | Betty Dickey Poole, Pine Bluff, Arkansas | unsecured notes payable | | | XX | | | | |
| | Simmons First National Bank, Pine Bluff AR | Condray Sign note payable | | | | XX | | | |
| | Simmons First National Bank, Pine Bluff AR | line of credit | XX | | | | | | |
| | GRO, Inc., Pine Bluff, Arkansas | unsecured loan | | | | | | XX | |
| | Adventure Travel, Inc. Pine Bluff, AR | unsecured loan | | | | | XX | | |

## SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

| Reporting Individual's Name |
|---|
| Jay W. Dickey, Jr. |

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del | | | | X | | | |
| | Dickey Law Firm, P.A. Pine Bluff, Arkansas | unsecured loan | | | | | XX | | |
| | Juanita Davis, Pine Bluff, Arkansas | Mortgage on 512 West 27th Ave Pine Bluff, Arkansas | XX | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

MAY 17

Norman De Valois Dicks
(Full Name)

6223 30th Street, NW
(Mailing Address)

202-225-5916
Daytime Telephone

Washington, DC 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: WA District: 6 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

HAND DELIVERED
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| Norman D. Dicks | 5, 17, 1993 |

Reporting Individual's Name

Norman D. Dicks

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Civic Service, Inc | Spouse Salary | NA |
| | Mary Pettus and Associates, Inc | Spouse consultant | $250.00 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

**Reporting Individual's Name**
Norman D. Dicks

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H Over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX Over $1,000,000 | Transaction (X) |
| S, DC, JT — Examples: S — ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| S, DC, JT — Examples: DC — George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| S, DC, JT — Examples: JT — 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT — Merrill Lynch Municipal Bond Fund, Vienna, VA | | | X | | | | | | | | X | | | X | | | | | X | | | | | | | | | |
| JT — Merrill Lynch Basic Value Fund Vienna, VA | | | X | | | | | | | | X | | | X | | | | | | X | | | | | | | | |
| JT — 924 Shorewood Drive, Bremerton, WA | | | | | X | | | | | | | X | | | | | | | | | | | X (gross income/ net loss) | | | | | |
| S — Massachusetts Mutual Life Ins. Co., Springfield, MA (IRA rolled over from Union Central Life) | | | X | | | | | | | | | | NA | | | | | | | | | NA | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Norman D. Dicks

| S, DC, JT | BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.) | BLOCK B Valuation of Asset: Year End Value (X) A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Massachusetts Mutual Life Ins Co., Springfield, MA (IRA | | | x | | | | | | | | | | NA | | | | | | | | | NA | | | | | | |
| | rolled over from Union Central Life) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | Fidelity Bankers Life Insurance Co., Richmond, VA (Annuity) | | | x | | | | | | | | | | x | | | | | | | x | | | | | | | | |
| | Fidelity Bankers Life Insurance Co., Richmond, VA (Annuity) | | | x | | | | | | | | | | x | | | | | | | x | | | | | | | | |
| DC | Security Pacific Bank, Seattle, WA, Bremerton Branch | | | x | | | | | | | | | | x | | | | | | | x | | | | | | | | |
| DC | Security Pacific Bank, Seattle, WA, Bremerton Branch | | | x | | | | | | | | | | x | | | | | | | x | | | | | | | | |

Reporting Individual's Name: Norman D. Dicks

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | Midlantic Home Mortgage Corp., Melville, New York | Mortgage on 924 Shorewood Dr. Bremerton, WA | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name

Norman D. Dicks

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure–Destination(s)–Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.–Chicago–Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.–Los Angeles–Cleveland | Y | Y | Spouse | 4 Days |
| | US Tobacco Co./Jack Africk Charity Pro-Am (substantial participation) | Jan 2-4 | Los Angeles, CA-Ft. Lauderdale, FL-DC | y | y | none | N |
| | Northrop Corp. (attended meetings, briefings & toured facilities) | Feb 12-16 | Seattle, WA-Los Angeles CA,-DC | y | y | none | N |
| | Titan Corp. (met with officials, toured sites, briefings) | Mar 14-15 | Wash.,DC-San Diego,CA, Seattle, WA | y | y | none | N |
| | Philip Morris Companies, Inc Congress, A Look at the 1993 Agenda (substantial participation) | Sept 11-13 | Wash.,DC-New York-Wash. ,DC | y | y | none | 1 day |
| | General Aviation Manufacturers Association (addressed board meeting & met with board members) | Nov. 5-8 | Seattle, WA-Palm Springs, CA-Tucson,AZ-Wash.,DC | y | y | spouse | 1day |
| | Alpase, Inc (addressed and met with Management team) | Dec 18 - Jan 2 | Seattle, WA-Los Angeles CA-Wash.,DC | y | y | none | 12 days |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

MAY 17 1993

John David Dingell
(Full Name)

2328 Rayburn House Office Building
(Mailing Address)

Daytime Telephone: 202-225-4071

Washington, D.C. 20515

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: Michigan District: 16th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

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MC
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [X] | No [ ] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

**SIGNATURE OF REPORTING INDIVIDUAL** John D. Dingell

**DATE (Month, Day, Year)** May 17, 1993

Reporting Individual's Name
John David Dingell

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | General Motors Corporation | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
John David Dingell

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| Electric Generation Association | Speech | Feb. 4, 1992 | $2,000 |
| Reinsurance Association of America | Speech | Feb. 5, 1992 | $2,000 |
| Philip Morris Companies Inc. | Speech | Feb. 18, 1992 | $2,000 |
| Securities Industry Association | Speech | Mar. 4, 1992 | $2,000 |
| The Secura Group | Speech | Mar. 5, 1992 | $2,000 |
| Massachusetts Medical Society | Speech | May 9, 1992 | $1,000 |
| Preston Gates Ellis & Rouvelas Meeds | Speech | Jul. 8, 1992 | $1,000 |
| American Iron and Steel Institute | Speech | Jul. 9, 1992 | $2,000 |
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Reporting Individual's Name
John David Dingell

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| | See attached sheets | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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For additional assets and unearned income, use next page

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992 John D. Dingell

SCHEDULE III - ASSETS AND "UNEARNED" INCOME Page 1

| Asset | Value | Type | Income amount | Transaction |
|---|---|---|---|---|
| American Express Daily Dividend Fund | B | MFEarnings Dividends | I | |
| Balcor Pension | B | Interest | I | |
| Shearson Lehman Brothers Appreciation Fund Cl B | B | Dividends | I | |
| Keogh Money Purchase Shearson Lehman Brothers | B | Dividends MFEarnings Cap. Gains | I | |
| Allied Cap Coml Corp (Keogh) | B | Dividends | II | X |
| Allied Capital Corporation II Maryland (Keogh) | B | Dividends | II | |
| America First Finl Fund 1987-A Ltd Partnership Ben Unit CTF (Keogh) | B | Dividends | II | |
| Bergstrom Cap Corp (Keogh) | B | Dividends Cap. Gains | I | X |
| Boeing Co (Keogh) | B | Dividends | I | |
| EI DuPont DE Nemours & Co (Keogh) | B | Dividends | II | |
| Figgie Intl. Inc. Cl A (Keogh) | B | Dividends | I | |

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992 John D. Dingell

SCHEDULE III - ASSETS AND "UNEARNED" INCOME Page 2

| Asset | Value | Type | Income amount | Transaction |
|---|---|---|---|---|
| GTE Corp. (Keogh) | B | Dividends | II | |
| Gabelli Equity Trust Inc (Keogh) | B | Dividends Cap. Gains | III | |
| Intl. Business Machines Corp (Keogh) | B | Dividends | II | |
| TCW Conv. Secs. Fund Inc. (Keogh) | B | Dividends | II | |
| General Motors Accept. Corp (Keogh) | B | Interest | II | |
| American Express Credit Corp (Keogh) | B | Interest | II | |
| National Rural Utilities Corp (Keogh) | B | Interest | II | |
| Morgan J.P. & Co. Inc. Zero Cpn (Keogh) | B | | none | |
| Sears Cr Account Tr 1990-C (Keogh) | B | Interest | II | |
| Alliance New Europe Fund Inc (Keogh) | B | Dividends | I | |
| Hyperion Govt. Mtg. Tr. Ranieri (Keogh) | B | Dividends | II | |
| Shearson Lehman Brothers Appreciation Fund Cl A (Keogh) | C | Dividends Cap.Gains | II | X |
| Shearson Lehman Brothers 1990s Fund Cl A (Keogh) | B | | none | |

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992 John D. Dingell

SCHEDULE III - ASSETS AND "UNEARNED" INCOME Page 3

| Asset | Value | Type | Income amount | Transaction |
|---|---|---|---|---|
| (S)Gabelli Value Fund Inc (IRA) | B | Dividends | II | |
| Nicholas Fund, Inc. (IRA) | C | Dividends<br>Cap. Gains | III | |
| Acorn Fund | C | Dividends<br>Cap. Gains | III | |
| Evergreen Funds | B | Dividends<br>Cap. Gains | III | |
| Janus Twenty Fund Inc | C | Cap. Gains<br>Dividends | II | X |
| Monetta Fund Inc | C | Dividends | II | X |
| (JT) Templeton Value Fd (Pension Plan) | None | Cap. Gains<br>Dividends | III | X |
| (JT) Zweig Total Return Fund Inc (Pension Plan) | None | Cap. Gains<br>Dividends | II | X |
| First American Bank | E | Interest | IV | |
| Nat'l Bk of Detroit | C | Interest | III | |
| Mobil Stocks | B | Dividends | I | |
| Mobil Bonds | None | Interest | I | X |
| Woolworth Corporation | B | Dividends | II | |
| Quantum Chemical Corp Stock | None | | none | X |
| Selected American Shares | C | Cap. Gains<br>Dividends | IV | X |

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992 John D. Dingell

SCHEDULE III - ASSETS AND "UNEARNED" INCOME Page 4

| Asset | Value | Type | Income amount | | Transaction |
|---|---|---|---|---|---|
| Shearson Lehman Brothers Appreciation Portfolio | B | Dividends | I | | X |
| Municipal Bonds Oakland County, Michigan | B | Interest | | II | |
| Shearson Lehman Brothers Aggressive Growth Fund Cl A | B | Dividends | I | | |
| (S) American Express Daily Dividend Fund | A | Dividends | I | | |
| (S) Crystal Brands Inc | A | Dividends | I | | |
| (S) General Electric Co. | B | Dividends | I | | |
| (S) General Mills Inc. | B | Dividends | II | | |
| (S) General Motors Corp | E | Dividends | IV | | |
| (S) General Motors Corp Cl E | B | Dividends | II | | |
| (S) General Motors Corp Cl H | B | Dividends | I | | |
| (S) K Mart Corp | B | Dividends | I | | |
| (S) Marsh & McLennan Cos Inc | B | Dividends | II | | |
| (S) Pepsico Inc-North Carolina | C | Dividends | II | | |

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992 John D. Dingell

SCHEDULE III - ASSETS AND "UNEARNED" INCOME Page 5

| Asset | Value | Type | Income amount | Transaction |
|---|---|---|---|---|
| (S) Praxair Inc | B | Dividends | I | X |
| (S) Procter & Gamble Co | B | Dividends | I | |
| (S) Union Carbide Corp | B | Dividends | I | |
| (S) Unisys Corp | B | | none | |
| U.S. Series H-Bonds | B | Interest | I | |
| (JT) Congressional Federal Credit Union | B | Interest | II | |
| (S) General Motors Deferred Savings Program | E | | | |
| (S) General Motors Pension | N/A as pension is vested. No actual value can be fixed. | | | |

Reporting Individual's Name
John David Dingell

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| B, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Allied Cap Coml Corp | X | | | 8-14-92 | X | | | | | | |
| | Bergstrom Cap Corp | X | | | 9-22-92 | X | | | | | | |
| | Bergstrom Cap Corp | X | | | 11-23-92 | X | | | | | | |
| | Shearson Lehman Brothers Appreciation Portfolio | X | | | 1-16-92 | X | | | | | | |
| | Templeton Value Fd Inc | | X | | 12-15-92 | X | | | | | | |
| | Zweig Total Return Fd Inc | | X | | 8-4-92 | X | | | | | | |
| JT | Janus Twenty Fund Inc | X | | | 12-7-92 | X | | | | | | |
| JT | Janus Twenty Fund Inc | X | | | 12-23-92 | X | | | | | | |
| JT | Monetta Fund Inc | X | | | 5-18-92 | X | | | | | | |
| | Mobil Bonds | | X | | 3-9-92 | X | | | | | | |
| | Quantum Chemical | | X | | 4-22-92 | X | | | | | | |
| | Selected American Shares | X | | | 5-14-92 | X | | | | | | |
| | Selected American Shares | X | | | 4-3-92 | X | | | | | | |
| | Shearson Lehman Brothers Appreciation Fund Cl A | X | | | 11-19-92 | X | | | | | | |
| S | Praxair Inc | spinoff | | | 7-13-92 | X | | | | | | |
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Reporting Individual's Name
John David Dingell

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name
John David Dingell

## SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| | Source | Date(s) | Point of Departure – Destination(s) – Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C. – Chicago – Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C. – Los Angeles – Cleveland | Y | Y | Spouse | 4 Days |
| | Greater Detroit Chamber of Commerce | May 28-31 | Detroit-Mackinac Is.-Detroit | Y | Y | Spouse | N |
| | Massachusetts Medical Society | May 9 | WashDC-Boston-WashDC | N | Y | None | N |
| | Investment Company Institute | Mar.1-2 | WashDC-New York-WashDC | Y | Y | Spouse | N |
| | The Urban Institute * | Feb.13-15 & Feb.19 | Detroit-Ft. Lauderdale West Palm Beach-WashDC | Y | Y | Spouse | Y (Feb.16) |
| | Philip Morris Companies Inc | Feb.17-18 | | Y | Y | Spouse | N |
| | | | | | | | |
| | *program underwritten by | | | | | | |
| | Carnegie Corporation | | | | | | |
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Reporting Individual's Name
John David Dingell

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Board Member | National Rifle Association |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO 1992 86-838A (PN)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17 1 2 57

JULIAN C. DIXON
(Full Name)

2400 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone (202) 225-7084

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: CA District: 32nd | [ ] Officer or Employee | Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

HAND DELIVERED
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes | [X] | No | [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes | [X] | No | [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes | [X] | No | [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes | [X] | No | [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes | [X] | No | [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes | [ ] | No | [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes | [ ] | No | [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5/17/93

Reporting Individual's Name

JULIAN C. DIXON

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Mir Kanon/Peideau, Inc., Los Angeles, CA | Spouse Salary/ Director Fees | NA |

For payments to charity in lieu of honoraria, use Schedule II



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Reporting Individual's Name

JULIAN C. DIXON

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| Wine Institute | Speech | 5/6/92 | $1,000 |
| NHK Radio Station | Speech | 4/30/92 | $ 500 |

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Reporting Individual's Name
JULIAN C. DIXON

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | i Less than $201 | ii $201 - $1,000 | iii $1,001 - $2,500 | iv $2,501 - $5,000 | v $5,001 - $15,000 | vi $15,001 - $50,000 | vii $50,001 - $100,000 | viii $100,001 - $1,000,000 | ix over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Queen City Bank - Long Beach, CA savings | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Industrial Bank of Wash., DC | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| S | Mir Kanon/Peideau, Inc. 8.6% Int. | | | | | | | X | | | (Good Faith) | X | | | | | | | | | | | | | | X | | |
| | | | | | | | | | | | (not based on dividends) | | | | | | | | | | | | | | | | | |
| | Merrill Lynch Money Mkt. (Cash Acct) | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | IRA-MLPFS-self (not self directed) | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JULIAN C. DIXON

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | |
| S | IRA=MLPFS-spouse (not self directed) | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Queen City Bank - shares | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| S | Much Ado About Something (interest in business) | | | | | X | | | | | | | | | | | | X | | | | | | | | | | |
| | 1299 Delaware Ave,SW, Wash.DC | | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| | Fidelity Fed. Bank, Culver City, CA - CDs & checking | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| | 5 rare coins | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Concessions Int'l, Miami, Fla | | | X | | | | | | | (Good faith est) | | | | | | | X | | | | | | | | | | |
| | Concourse Gift & News, Inc. | | | | X | | | | | | | | | | | | | X | | | | | | | | | | X |
| | T Rowe Price Mutual Fund | | | | | | X | | | | | | | X | | | | | | | | X | | | | | | X |
| | Note on 5709 Canterbury Dr., Culver City, CA (former personal residence) | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |

Reporting Individual's Name

JULIAN C. DIXON

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H Over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Concourse Gift & News Inc. | X | | | 5/9/92 | | X | | | | | |
| | T Rowe Price Mutual Fund | X | | | 8/15/92 | | | | X | | | |

Reporting Individual's Name
JULIAN C. DIXON

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10 001 – $15 000 | C $15 001 – $50 000 | D $50 001 – $100 000 | E $100 001 – $250 000 | F $250 001 – $500 000 | G $500 001 – $1 000 000 | H over $1 000 000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del | | | | X | | | |
| | America's Mortgage Servicing, Inc., Gaithersburg, MD (previously held by Prudential Savings FSB) | Mortgage on 1299 Delaware Ave., SW, Washington, DC | | | | X | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | NONE | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

JULIAN C. DIXON

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
|---|---|
| Director | Joint Center for Political & Economic Studies |
| Director | Congressional Black Caucus Foundation |
| Vice President | Much Ado About Something, Inc. |
| President (spouse) | Much Ado About Something, Inc. |
| Chief Operating Officer (spouse) | Mir Kanon/Perideau, Inc. |
| President (spouse) | Concessions Int'l, Miami, Fla. |
| President (spouse) | Concourse Gift & News Inc. |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | NONE | |
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GPO: 1992 50-638A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

MAY 17

CALVIN MILLARD DOOLEY
(Full Name)

1303 SOUTH 24TH STREET
(Mailing Address)

ARLINGTON, VA 22202

Daytime Telephone: 202/225-3341

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: CA District: 20 | [ ] Officer or Employee | Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

HAND DELIVERED

MC

(Office Use Only)

## PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from the report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Calvin Dooley

**DATE (Month, Day, Year)** 05/13/93

Reporting Individual's Name

CALVIN M. DOOLEY

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | ARLINGTON COUNTY PUBLIC SCHOOLS, ARLINGTON, VA | SPOUSE SALARY | N/A |
| | WOODS INSTITUTE, WASHINGTON, D.C. | SPOUSE SALARY | N/A |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

CALVIN M. DOOLEY

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum
A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | NATIONAL AGRICULTURAL CHEMICAL ASSOCIATION | SPEECH | AUGUST 4, 1992 | $500 |
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Schedule II

Reporting Individual's Name
CALVIN M. DOOLEY

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Dooley Farms Partnership (including land, equipment, | | | | | | | X | | | | | | | | | | | Farm income | X(net) | | | | | | | X(gross) | | | |
| | crops and leased improvements on 120 acres in Visalia & Tulare | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1/3 interest in 85 acres, Webb Ranch & McAuliffe Ave. | | | | | | | | | X | | | | | | X | | | Combined with farm income listed above | | | | | | X | | | | | X |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: CALVIN M. DOOLEY

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | |
| DOOLEY FOR CONGRESS (loan) | | | | X | | | | | | | | | | | | | | X | | | | | | | | | |
| BANK OF AMERICA (savings and checking accounts) | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | |
| CONGRESSIONAL FEDERAL CREDIT UNION | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| DOOLEY FARMS PARTNERSHIP (loan) | | | | X | | | | | | | | | | | | | | X | | | | | | | | | |
| CALCOT LIMITED | | | X | | | | | | | | | | | | | | Combined w/ farm income listed above | | | | | | | | | | |
| COUNTY LINE GIN | | | X | | | | | | | | | | | | | | " | | | | | | | | | | |
| DIAMOND WALNUT | | | X | | | | | | | | | | | | | | " | | | | | | | | | | |
| BONAVENTURE ASSOCIATES II (loan) | | | | | X | | | | | | | | | | | | | X | | | | | | | | | |
| PACKWOOD RE PARTNERSHIP (1/4 share) (15 acres at Feemstra Street and McAuliffe Ave.) | | | | | | | X | | | | | | | | | | | X | | | | | | | | | X |
| CITY OF VISALIA (installment note) | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | |

Reporting Individual's Name
CALVIN M. DOOLEY

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| B, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | 1/3 interest in 13 acres, Webb Ranch & McAuliffe Ave. | | X | | 06/01/92 | | | | X | | | |
| | PACKWOOD RE PARTNERSHIP | X | | | 02/11/92 | | | | | X | | |

Reporting Individual's Name
CALVIN M. DOOLEY

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | MINERAL KING | Mortgage on McAuliffe & Walnut | | | | X | | | |
| | MINERAL KING | Crop loan (Dooley Farms Part.) | | | X | | | | |
| | JOHN DEERE | Dooley Farms Partnership tractor loan | | X | | | | | |
| | VISALIA COMMUNITY BANK (jointly with with three others) | Packwood RE Partnership development loan | | | | | | X | |
| | WILLIAM BOGARD | " | X | | | | | | |
| | DONNA MARTIN | " | X | | | | | | |

(continued on next page)

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name
CALVIN M. DOOLEY

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | GENE ROSS | Packwood RE Partnership development loan | | X | | | | | |
| | DON SHARP | " | | X | | | | | |
| | DAVID AND CAROL COTTON | " | | X | | | | | |
| | FRANK JORDAN | " | | X | | | | | |
| | ROBERT AND DORIS CLARK | " | | | | X | | | |
| | EDDIE AND KAREN ACURSO | " | | | | X | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name
CALVIN M. DOOLEY

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | AMERICAN MEDICAL ASSOC. | 1/31-2/3 | Wash., D.C.-Palm Beach, FL-Wash., D.C. | Y | Y | Spouse | None |
| | CROP INSURERS RESEARCH BD. | 2/8-2/10 | Fresno, CA-Reno, NV (one way) | Y | Y | None | None |
| | AMERICAN COTTON SHIPPERS | 5/21-5/22 | Wash., D.C.-Orange Co., CA-Los Angeles, CA-Wash., D.C. | Y | Y | None | None |
| | | | | | | | |
| | AMERICAN SOCIETY OF FARM MANAGERS & RURAL APPRAISERS | 11/13-11/16 | Sacramento, CA-San Diego, CA-Wash., D.C. | Y | Y | Spouse | None |
| | SUN DIAMOND | 11/19 | Wash., D.C.-San Fran., CA-Wash., D.C. | N | Y | None | None |
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Reporting Individual's Name
CALVIN M. DOOLEY

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Partner | Dooley Farms Partnership (40% interest)-- see schedule III |
| Partner | Packwood RE Partnership (25% interest) -- see schedule III |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 28.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO: 1992 50-556A (pa)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
MAY -7 PM 3:00

John Taylor Doolittle
(Full Name)

1524 Longworth House Office Building, Washington, DC 20515 202-225-2511
(Mailing Address) Daytime Telephone

(9) INSIDE MAIL

MC (Office Use Only)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: CA District: 4 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file, the report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: John T. Doolittle

DATE (Month, Day, Year): 5/5/93



794

Reporting Individual's Name

John T. Doolittle

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
John T. Doolittle

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| National Restaurant Association - Washington, DC | Appearance | May 15-17, 1992 | $1,000 |
| Georgia Pacific - Atlanta, Georgia | Speech | June 19, 1992 | $2,000 |
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Reporting Individual's Name
John T. Doolittle

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | Over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | Over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Legislative Retirement Systems | | | | X | | | | | | | | NONE | | | | | | X | | | | | | | | | | |
| | American Funds Group (IRA's) | | | X | | | | | | | | | NONE | | | | | | N/A | | | | | | | | | | |
| | APN #54-151-31 (Nevada County Promissory Note) | | | | X | | | | | | | | | | | | | | | | | | P X | I | | | | | |
| | APN #54-151-34 (Nevada County) | | | | | X | | | | | | | NONE | | | | | | X | | | | | | | | | | |
| | APN #54-151-34 (Water Rights) | | | X | | | | | | | | | NONE | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John T. Doolittle

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
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Reporting Individual's Name: John T. Doolittle

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| B, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
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Reporting Individual's Name: John T. Doolittle

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Congressional Federal Credit Union | Personal Credit | X | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name: John T. Doolittle

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | National Restaurant Assoc. | May 15-17 | Wash DC-Chicago- Wash DC | Y | Y | Spouse | N |
| | Georgia Pacific | June 19 | Wash DC-Atlanta-Wash DC | N | Y | None | N |
| | Claremont Institute | July 17 | Sacramento CA-Ontario CA Orange County CA-Sacramento | N | Y | None | N |
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| Reporting Individual's Name |
|---|
| John T. Doolittle |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
|---|---|
| Partner | J-T Investments (No income in 1992) |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO: 1992 86-638A (#6)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
RECORDS & ...
1993 MAY 17 AM 8 03
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

INSIDE MAIL

(Office Use Only)

Robert K. Dornan
(Full Name)

2402 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515
Daytime Telephone: 202/225-2965

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: CA District: 46 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [ ] | No [X] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert K. Dornan

DATE (Month, Day, Year): May 13, 1993

Reporting Individual's Name
Robert K. Dornan

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | LIFEPAX | Mar.27-28 | Wash.DC-Wichita-WDC | Y | Y | None | N |
| | Disabled American Veterans | Aug. 3 | Orange Cty-Reno-O.C. | N | Y | None | N |
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| Reporting Individual's Name |
|---|
| Robert K. Dornan |

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Board Member | Hope Springs Farm for Children |
| | |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

MAY 17 [illegible]

(9)

DAVID T. DREIER
(Full Name)

Room 411 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone (202) 225-2305

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [XXX] Member of the U.S. House of Representatives | State: California District 28th | [ ] Officer or Employee | Employing Office |
| **Report Type** | [XXX] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

HAND DELIVERED
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [XXX] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [XXX] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [XXX] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [XXX] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [XXX] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [XXX] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [XXX] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [XXX] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [XXX] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [XXX] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [XXX] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: David T. Dreier

DATE (Month, Day, Year): MAY 17, 1993

Reporting Individual's Name
David T. Dreier

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| The Tobacco Institute | Speech | 1/16/92 | $2,000 |
| Mexican American Grocers Association | Speech | 2/28/92 | $2,000 |
| National Association of Independent Insurers | Speech | 3/2/92 | $ 500 |
| National Association of Federal Credit Unions | Speech | 3/11/92 | $1,000 |
| Preston Gates Ellis & Rouvelas Meeds (Law Offices) | Speech | 4/9/92 | $1,000 |
| American Bankers Association | Speech | 4/27/92 | $2,000 |
| American Nuclear Energy Council | Speech | 5/12/92 | $ 500 |
| Association of Financial Services Holding Companies | Speech | 6/8/92 | $ 500 |
| National Agriculture Chemical Association | Speech | 7/23/92 | $ 500 |
| Great Western Financial Corporation | Speech | 10/27/92 | $2,000 |
| Association of Bank Holding Companies | Speech | 11/5/92 | $2,000 |
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Reporting Individual's Name
David T. Dreier

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | |
| | Roseville Telephone Company - Stock | | | | | X | X | | | | | | X | X | | | | | | |
| | IBM Corporation - Stock | | | | | X | X | | | | | | X | X | | | | | | |
| | Seafield Capital Corporation - Stock | | | | | X | X | | | | | | X | X | | | | | | |
| | Muni. Invest. Trust - 15th Cal. Series | | | | X | X | | | | | | | | | X | X | | | | |
| | Muni. Invest. Trust - 16th Cal. Series | | | | | X | X | | | | | | | | X | X | | | | |
| | Interest-earning checking account Congressional Federal Credit Union | | | | | | X | X | | | | | | | X | X | | | | |

| BLOCK C Income: Category of Amount of Income (X) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|
| ABC Corporation Stock | | X | | | | | | | | |
| George Wash. Credit Union Accounts | | | | | X | | | | | |
| 182 Main Street, Dover, Delaware | | | | X | | | | | | |
| Roseville Telephone Company - Stock | | | | X | X | | | | | |
| IBM Corporation - Stock | | | | X | X | | | | | |
| Seafield Capital Corporation - Stock | | | | X | X | | | | | |
| Muni. Invest. Trust - 15th Cal. Series | | | | X | X | | | | | |
| Muni. Invest. Trust - 16th Cal. Series | | | | | X | X | | | | |
| Interest-earning checking account Congressional Federal Credit Union | | | | X | X | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
DAVID T. DREIER

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| | S, DC, JT | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| IRA Plan - Calvert Group | | | | | X | | | | | | | X | | | | | | | | XX | | | | | | | | |
| Pension Plan - 1st American Bank | | | | | X | | | | | | | X | | | | | | | | | XX | | | | | | | |
| Merrill Lynch Cash Management Account | | | | | X | | | | | | | X | | | | | | | | XX | | | | | | | | |
| 1st American Bank of Washington M.M. | | | | | X | | | | | | | | | X | | | | | | XX | | | | | | | | |
| California State Bank Money Market | | | | X | | | | | | | | | | X | | | | | | | XX | | | | | | | |
| C.D. - California State Bank | | | | | X | | | | | | | | | X | | | | | | XX | | | | | | | | XX |
| C.D. - California State Bank | | | | | | X | | | | | | | | X | | | | | | XX | | | | | | | | XX |
| C.D. - The Southgate Bank | | | | | X | | | | | | | | | X | | | | | | XX | | | | | | | | XX |
| Ford Motor Company - Stock | | | | X | | | | | | | | X | | | | | | | | XX | | | | | | | | |
| The Oklahoma Publishing Co. - Stock | | | | | | X | | | | | | X | | | | | | | | | XX | | | | | | | |
| Borden Chemical & Plastics - Stock | | | | | X | | | | | | | X | | | | | | | | | | | XX | | | | | |
| Ross Stores, Inc. - Stock | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| Property - 97 Princeton, Rancho Mirage, CA | | | | | | | | X | | | | | X | | | | | | | | | | XX | | | | | |
| Watches & More, Inc. | | | | | X | | | | | | | X | | | | | | X | | | | | | | | | | |
| Dodge & Cox Funds - Stocks | | | | | | X | | | | | | X | | | | | | XX | | | | | | | | | | XX |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: DAVID T. DREIER

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST / QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| Mass. Mutual Life Insurance Co. | | | | | | | | | | Life Insur. | | | XX | | | | | XX | | | | | | | | |
| Interest - earning checking account 1st Interstate Bank of California | | XX | | | | | | | | | | | XX | | | | | XX | | | | | | | | |
| N.B. Clearing Corporation - Cash | | XX | | | | | | | | | | | XX | | | | | XX | | | | | | | | |
| Lancaster Capital Corp., Limited Partnership | | | | XX | | | | | | | XX | | | | | | | | | XX | | | | | | |
| Gaylord Entertainment Co. | | | | XX | | | | | | | XX | | | | | | | | XX | | | | | | | |
| Tiffany Manor Limited Partnership, Kansas City, Missouri | | | | | | | | | XX | | | | XX | | | | | | | | | XX | | | | XX |



Schedule III—Continuation

Reporting Individual's Name
DAVID T. DREIER

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | C.D. California State Bank | Cashed | | In | 1/30/92 | | XX | | | | | |
| | C.D. California State Bank | Cashed | | In | 1/30/92 | | | XX | | | | |
| | C.D. The Southgate Bank | Cashed | | In | 2/22/92 | | XX | | | | | |
| | Dodge & Cox Funds - Stocks | | XX | | 1/16/92 | | | XX | | | | |
| | Tiffany Manor Limited Partnership, Kansas City, Missouri | XX | | | 6/16/92 | | | | XX | | | |

| Reporting Individual's Name |
|---|
| DAVID T. DREIER |

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Glendale Federal Bank | Mortgage on 97 Princeton, Rancho Mirage, CA | | | | X | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| None | | |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name
DAVID T. DREIER

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Association of Bank Holding Co. | 11/5/92 | Ontario, CA-Tuscon, AZ-Washington, DC | N | Y | None | N |
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Reporting Individual's Name
DAVID T. DREIER

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Vice-President | Dreier Development Company, Kansas City, Missouri |
| Co-Chairman of Board | Los Angeles Committee For The Homeless (Los Angeles Mission) |
| Chairman of the Board | The David Dreier Foundation |
| | |
| | |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | |
| | | |
| | | |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

HON. JOHN J. DUNCAN, JR.
(Full Name)

832 Andover Blvd., Andover Place
(Mailing Address)

Knoxville, TN 37922

Daytime Telephone: (202) 225-5435

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: ____ District: ____ | [ ] Officer or Employee | Employing Office: ____ |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: ____ |

**HAND DELIVERED**

MC (Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [X] | No [ ] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| John J. Duncan Jr. | 5/17/93 |



Financial Disclosure A-1

815

Reporting Individual's Name

JOHN J. DUNCAN, JR.

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | NONE | | |

For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

JOHN J. DUNCAN, JR.

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| NONE | | | | |

This page may be copied if more space is required.

**Reporting Individual's Name**
JOHN J. DUNCAN, JR.

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| DC | SHONEYS (STOCK) | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | X |
| | CRACKER BARREL (STOCK) | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | BARNETT BANK (IRA)(SAVINGS) | | | X | | | | | | | | | | X | | | | | NA | | | | | | | | | | | |
| | AMERICAN SECURITY (SAVINGS) | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | BANK OF E. TN (IRA)(SAVINGS) | | | | X | | | | | | | | | X | | | | | NA | | | | | | | | | | | |
| | COLONIAL COS., INC (STOCK) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | X |

**For additional assets and unearned income, use next page**

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JOHN J. DUNCAN, JR.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST / QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 / over $1,000,000 | |
| DC | BOB EVANS (STOCK) | | | X | | | | | | | | X | | | | | | | X | | | | | | | | |
| | BOB EVANS (STOCK) | | | X | | | | | | | | X | | | | | | | X | | | | | | | | |
| DC | BAXTER TRAVENOL (STOCK) | | | X | | | | | | | | X | | | | | | | X | | | | | | | | |
| | EQUIPMENT LEASING (CD) | | | X | | | | | | | | | | X | | | | | X | | | | | | | | |
| | KY MEDICAL (STOCK) | | | X | | | | | | | | X | | | | | | X | | | | | | | | | X |
| | STATE OF TN - PENSION | | | X | | | | | | | | | | X | | | | N/A | | | | | | | | | |



Schedule III – Continuation

Reporting Individual's Name

JOHN J. DUNCAN, JR.

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| DC | SHONEYS | | X | | 1/17/92 | X | | | | | | |
| | COLONIAL COMPANIES INC. (STOCK) | | X | | 1/17/92 | x | | | | | | |
| | KY MEDICAL INC (STOCK) | | X | | 1/17/92 | x | | | | | | |

Reporting Individual's Name

JOHN J. DUNCAN, JR.

## SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| SP, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | NONE | | | | | | | | |
| | | | | | | | | | |
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## SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

JOHN J. DUNCAN, JR.

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | MAPPS | 7/9-7/11/93 | Wash. D.C.-Cape Cod, MASS | Y | Y | NONE | N |
| | CONGR. CHARITY EVENT | 11/7-11/8/93 | Knoxville, TN-WHITE SULPHER W. VA. | y | y | spouse | N |
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Reporting Individual's Name

JOHN J. DUNCAN, JR.

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| none | |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| none | | |
| | | |
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GPO: 1983 86-838A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 APR 22 PM 9 57

JENNIFER B DUNN
(Full Name)

37 TATOSH KEY BELLEVUE WA 98006
(Mailing Address)

Daytime Telephone: 202 225 7761

APR 19 1993 (6)
MC
(Office Use Only)

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: WA, District: 8 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL**: Jennifer B Dunn

**DATE (Month, Day, Year)**: April 6 1993



824

Reporting Individual's Name
Jennifer B Dunn

## SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Washington State Republican Party | Salary | 6,379 |

For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
JENNIFER B. DUNN

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| | | | Cognitive Association LTA - RE Partnership | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| | | | SAFECO Mun. Market Mun. Mutual Fund | | | | X | | | | | | X | | | | X | | | | | | | X | | | | | | |
| | | | Merrill Lynch CMA Mun. Market Fund | | | | X | | | | | | X | | | | | | | | | X | | | | | | | | |
| | | | Security Pacific Bank Common Stock | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| | | | IRA Nordstrom Common Stock | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| | | | IRA Prudential Equity Fund | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | X |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JENNIFER B DUNN

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S. DC. JT | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H Over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST / QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| IRA - Public Storage Prop Pfd Stock | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| Bank of America Common Stock | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | X |
| Key Bank Savings Account | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| IRA - IDS Annuity | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | X |



Schedule III—Continuation

Reporting Individual's Name: Jennifer B Dunn

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Security Pacific Bank Common Stock Full Bank Of America Common Stock | | | X | 4 23 92 | X | | | | | | |
| | IRA Nordstrom Common Stock | | X | | 11 25 92 | X | | | | | | |
| | IRA Prudential Equity Fund | | X | | 11-25-92 | X | | | | | | |
| | IRA Public Storage Properties Pfd Stock | | X | | 11-25-92 | X | | | | | | |
| | IRA IDS Annuity | X | | | 11-29-92 | | X | | | | | |

Reporting Individual's Name
JENNIFER B DUNN

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| SP DC JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Key Bank of Washington, Seattle | Personal loan (Made Sept 93 - Repaid Dec 93) | | X | | | | | |
| | | | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(40)

1993 MAY 17 10

HAND DELIVERED

mc (Office Use Only)

Richard J. Durbin
(Full Name)

2463 Rayburn House Office Building — 202-225-5271
(Mailing Address) — Daytime Telephone

Washington, D.C. 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Illinois District: 20 | [ ] Officer or Employee | Employing Office. |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date. |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [^] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [^] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** — Richard J. Durbin

**DATE (Month, Day, Year)** — 5/13/93



830

Reporting Individual's Name

Richard J. Durbin

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | U. S. House of Representatives | salary | 122,677 |
| | State of Illinois | spouse salary | 25,812 |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
Richard J. Durbin

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| | BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | Over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | Over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| | A.G. Edwards - I.R.A. $ 1,326 | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | Templeton Foreign Fund - IRA 15,424 | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Merrill Lynch (money market) 3,334 | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | Thrift Savings Plan (401K) 21,984 | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| | Fidelity Value - IRA (11/25/92 5,342 | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| S | Fidelity Reg.Banks - IRA (11/25/92) 5,831 | | | X | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Richard J. Durbin

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | | Type of Income (X) | | | | | | Category of Amount of Income (X) | | | | | | | | | |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| | Fidelity Low Price - IRA (11/25/92 $4,985 | | | x | | | | | | | | | | | | | | | | | | | | | | | |
| | Fidelity Reg.Banks-IRA(11/25/92)4,941 | | | x | | | | | | | | | | | | | | | | | | | | | | | |
| S | Fidelity LowPrice-IRA(11/25/92) 5,599 | | | x | | | | | | | | | | | | | | | | | | | | | | | |
| S | Fidelity Select Fin.Services ~~(11/25/92)~~ 4,958 | | | x | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Twentieth Century Ultra (401) 34,215 | | | | x | | | | | | | | | | | | | | | | | | | | | | |
| S | Thrift Savings Plan (401K) 8,134 | | | x | | | | | | | | | | | | | | | | | | | | | | | |
| | ~~Congressional Federal Credit~~ Union Savings (1/31/93) 9,505 | | | x | | | | | | | | | | | | | | | | | | | | | | | |
| | Fairbanks Plaza Ltd.Partnerships 28,740 | | | | x | | | | | | | | | | | | | | | | | | | | | | |
| JT | Residence (1525 Bates,Spfld. 185,000 | | | | | | x | | | | | | | | | | | | | | | | | | | | |
| | Hospital Corp.of Am.(37 sh.est) 1,591 | | | x | | | | | | | | | | | | | | | | | | | | | | | |
| | 1991 Ford Taurus (est.) 7,500 | | | x | | | | | | | | | | | | | | | | | | | | | | | |
| | 1990 Geo Prism (est) 6,500 | | | x | | | | | | | | | | | | | | | | | | | | | | | |
| | 1985 Colt;1985 Spectrum;1985 Nova 4,000 | | | x | | | | | | | | | | | | | | | | | | | | | | | |
| | Office Furniture (est.) 2,000 | | | x | | | | | | | | | | | | | | | | | | | | | | | |
| | House furnishings 8,000 | | | x | | | | | | | | | | | | | | | | | | | | | | | |

Reporting Individual's Name: Richard J. Durbin

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| JT | Hadson Petroleum 619.00 | | X | | 7-31-92 | | | | | | | |

Reporting Individual's Name
Richard J. Durbin

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21

| S, DC, JT | Creditor | Type of Liability | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del | | | | X | | | |
| JT | Carold Corp. 434 Broadway, New York (12/31/92) | Mortgage on 1525 Bates,Spfld. (43,740) | | X | | | | | |
| JT | Champion Federal Savings & Loan,Bloomington IL (12/31/92) | auto loan - 1991 Taurus (11,096 | X | | | | | | |
| | VISA | (550) | | | | | | | |
| | Leath Furniture, Spfld IL | (1,785) | | | | | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

Richard J. Durbin

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Director | Catholic Charities - Springfield IL |
| Associate Professor | S.I.U. School of Medicine, Springfield IL |
| | |
| | |
| | |
| | |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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| | | |

GPO: 1993 86-334A (an)

Department of the Treasury - Internal Revenue Service

Form **1040** **U.S. Individual Income Tax Return 1992**

IRS use only — Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 1992, or other tax year beginning , 1992, ending , 19 OMB No. 1545-0074

(See inst. on p. 16.) Use the IRS label. Otherwise please print or type.

******* CAR-RT-SORT**CR90
BF 493-46-1338 350-36-5292 S09 80
RICHARD J & LORETTA M DURBIN
1525 S BATES AVE 056
SPRINGFIELD IL 62704

Your social security no. 493-46-1338

Spouse's social security no. 350-36-5292

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

**Presidential Election Campaign** (See page 10)

Do you want $1 to go to this fund? ..... Yes [ ] No [X]

If a joint return, does your spouse want $1 to go to this fund? .... Yes [ ] No [X]

Note: Checking "Yes" will not change your tax or reduce your refund.

**Filing Status** (See page 10)

Check only one box

1 [ ] Single

2 [X] Married filing joint return (even if only one had income)

3 [ ] Married filing separate return. Enter spouse's SSN above & full name here. ▶

4 [ ] Head of household (with qualifying person). (See page 11.) If qualifying person is a child but not your dependent, enter child's name here. ▶

5 [ ] Qualifying widow(er) with dependent child (yr. spouse died ▶ 19 ) (See page 11.)

**Exemptions** (See page 11.)

6a [X] Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2 ..... No. of boxes checked on 6a and 6b: 2

b [X] Spouse

c Dependents:

| (1) Name (first, initial, and last name) | (2) Chk if under age 1 | (3) If age 1 or older, dependent's social security number | (4) Dependent's relationship to you | (5) No. of months lived in your home in 1992 |
|---|---|---|---|---|
| Jennifer Durbin | | 340-76-4396 | Daughter | 12 |
| Paul Durbin | | 348-74-6256 | Son | 12 |

If more than six dependents see page 12

No. of your children on 6c who:
- Lived with you: 2
- Didn't live with you due to divorce or separation (see page 13):

No. of other dependents on 6c

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ [ ]

e Total number of exemptions claimed ..... Add numbers entered on lines above ▶ 4

**Income**

Attach copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see page 9.

Attach check or money order on top of any Forms W-2, W-2G, or 1099-R

| | | | |
|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 148,489. |
| 8a | Taxable interest income. Attach Schedule B if over $400 | 8a | 529. |
| b | Tax-exempt interest income (see page 15). DON'T include on line 8a: 8b | | |
| 9 | Dividend income. Attach Schedule B if over $400 | 9 | 157. |
| 10 | Taxable refunds, credit, or offsets of state and local income taxes from worksheet on page 16 | 10 | |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | 1,800. |
| 13 | Capital gain or (loss). Attach Schedule D | 13 | -3,000. |
| 14 | Capital gain distributions not reported on line 13 (see page 15) | 14 | |
| 15 | Other gains or (losses). Attach Form 4797 | 15 | |
| 16a | Total IRA distributions: 16a; b Taxable amount (see page 16) | 16b | |
| 17a | Total pensions & annuities: 17a; b Taxable amount (see page 16) | 17b | |
| 18 | Rents, royalties, partnerships, estates, trusts, etc. Attach Schedule E | 18 | |
| 19 | Farm income or (loss). Attach Schedule F | 19 | |
| 20 | Unemployment compensation (see page 17) | 20 | |
| 21a | Social security benefits: 21a; b Taxable amount (see page 17) | 21b | |
| 22 | Other income | 22 | |
| 23 | Add the amounts in the far right column for lines 7 through 22. This is your total income ▶ | 23 | 147,975. |

TAXPAYERS COPY

**Adjustments to Income** (See page 18.)

| | | | |
|---|---|---|---|
| 24a | Your IRA deduction from applicable worksheet on page 19 or 20 | 24a | |
| b | Spouse's IRA deduction from applicable worksheet on page 19 or 20 | 24b | |
| 25 | One-half of self-employment tax (see page 20) | 25 | 127. |
| 26 | Self-employed health insurance deduction (see page 20) | 26 | |
| 27 | Keogh retirement plan & self-employed SEP deduction | 27 | |
| 28 | Penalty on early withdrawal of savings | 28 | |
| 29 | Alimony paid. Recipient's SSN ▶ | 29 | |
| 30 | Add lines 24a through 29. These are your total adjustment ▶ | 30 | 127. |
| 31 | Subtract line 30 from line 23. This is your adjusted gross income. ▶ | 31 | 147,848. |

Adj. Gr. Income

Form 1040 (1992) Richard J. & Loretta M. Durbin 493-46-1338 Page 2

| | | | | |
|---|---|---|---|---|
| | 32 | Amount from line 31 (adjusted gross income) | 32 | 147,848. |
| **Tax Computation** | 33a | Check if ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a | | |
| | b | If your parent (or someone else) can claim you as a dependent, check here ▶ 33b ☐ | | |
| | c | If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 22 and check here ▶ 33c ☐ | | |
| (See page 22.) | 34 | Enter the larger of your: Itemized deductions from Schedule A, line 29, OR Standard deduction shown below for your filing status. But if you checked any box on line 33a or b, go to page 22 to find your standard deduction. If you checked box 33c, your standard deduction is zero. • Single — $3,900 • Married filing jointly or Qualifying widow(er) — $6,000 • Married filing separately — $3,000 • Head of household — $4,250 | 34 | 14,906. |
| | 35 | Subtract line 34 from line 32 | 35 | 132,942. |
| | 36 | If line 32 is $78,950 or less, multiply $2,300 by the total number of exemptions claimed on line 6e. If line 32 is over $78,950, see the worksheet on page 23 for the amount to enter | 36 | 9,200. |
| If you want the IRS to figure your tax, see page 23. | 37 | Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0- | 37 | 123,742. |
| | 38 | Enter tax. Check if from a ☐ Tax Table, b ☒ Tax Rate Schedules, c ☐ Schedule D, or d ☐ Form 8615 (see page 23). Amount, if any, from Form(s) 8814 ▶ e | 38 | 31,111. |
| | 39 | Additional taxes (see page 23). Check if from a ☐ Form 4970 b ☐ Form 4972 | 39 | |
| | 40 | Add lines 38 and 39 ▶ | 40 | 31,111. |
| **Credits** | 41 | Credit for child and dependent care expenses. Attach Form 2441 — 41 | | |
| | 42 | Credit for the elderly or the disabled. Attach Schedule R — 42 | | |
| (See page 23.) | 43 | Foreign tax credit. Attach Form 1116 — 43 | | |
| | 44 | Other credits (see page 24). Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form — 44 | | |
| | 45 | Add lines 41 through 44 | 45 | |
| | 46 | Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- ▶ | 46 | 31,111. |
| **Other Taxes** | 47 | Self-employment tax. Attach Schedule SE. Also, see line 25 | 47 | 254. |
| | 48 | Alternative minimum tax. Attach Form 6251 | 48 | |
| | 49 | Recapture taxes (see page 25). Check if from a ☐ Form 4255 b ☐ Form 8611 c ☐ Form 8828 | 49 | |
| | 50 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 50 | |
| | 51 | Tax on qualified retirement plans, including IRAs. Attach Form 5329 | 51 | |
| | 52 | Advance earned income credit payments from Form W-2 | 52 | |
| | 53 | Add lines 46 through 52. This is your **total tax** ▶ | 53 | 31,365. |
| **Payments** | 54 | Federal income tax withheld. If any is from Form(s) 1099, check ▶ ☐ — 54 — 32,692. | | |
| | 55 | 1992 estimated tax payments and amount applied from 1991 return — 55 | | |
| Attach Forms W-2, W-2G, and 1099-R to page 1. | 56 | Earned income credit. Attach Schedule EIC — 56 | | |
| | 57 | Amount paid with Form 4868 (extension request) — 57 | | |
| | 58 | Excess social security, Medicare, and RRTA tax withheld (see page 26) — 58 | | |
| | 59 | Other payments (see page 26). Check if from a ☐ Form 2439 b ☐ Form 4136 — 59 | | |
| | 60 | Add lines 54 through 59. These are your **total payments** ▶ | 60 | 32,692. |
| **Refund or Amount You Owe** | 61 | If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you **OVERPAID** ▶ | 61 | 1,327. |
| | 62 | Amount of line 61 you want **REFUNDED TO YOU** ▶ | 62 | 1,327. |
| Attach check or money order on top of Form(s) W-2, etc., on page 1. | 63 | Amount of line 61 you want **APPLIED TO YOUR 1993 EST. TAX** ▶ 63 — 0. | | |
| | 64 | If line 53 is more than line 60, subtract line 60 from line 53. This is the **AMOUNT YOU OWE.** Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1992 Form 1040" on it | 64 | |
| | 65 | Estimated tax penalty. Also include on line 64 — 65 | | |

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this return for your records.

▶ Your signature — Date — Your occupation: Congressman

▶ Spouse's signature. If joint return, BOTH must sign. — Date — Spouse's occupation: Civil Servant

**Paid Preparer's Use Only**

Preparer's signature: Francis B. Bayley — Date: 04-03-93 — Check if self-employed ☒ — Preparer's social security no.: 146-28-8672

Firm's name (or yours if self-employed) and address: Francis B. Bayley, Ph.D., 114 Seminole Drive, Springfield, IL — E.I. No. — ZIP code: 62704

H896
21046—2/11-19-92

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

# Schedule A—Itemized Deductions

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

1992

Attachment Sequence No. 07

Name(s) shown on Form 1040: Richard J. & Loretta M. Durbin

Your social security number: 493-46-1338

| | | | | | |
|---|---|---|---|---|---|
| **Medical and Dental Expenses** | Caution: Do not include expenses reimbursed or paid by others. | | | | |
| | 1 Medical and dental expenses. 1,026. | 1 | 1,026. | | |
| | 2 Enter amount from Form 1040, line 32 . . 2 147,848. | | | | |
| | 3 Multiply line 2 above by 7.5% (.075) | 3 | 11,089. | | |
| | 4 Subtract line 3 from line 1. If zero or less, enter -0- ▶ | | | 4 | 0. |
| **Taxes You Paid** | 5 State and local income taxes | 5 | 4,681. | | |
| | 6 Real estate taxes | 6 | 2,911. | | |
| (See page A-1) | 7 Other taxes. ▶ | 7 | | | |
| | 8 Add lines 5 through 7 ▶ | | | 8 | 7,592. |
| **Interest You Paid** | 9a Home mortgage interest and points reported to you on Form 1098 | 9a | 3,924. | | |
| (See page A-2) | b Home mortgage interest not reported to you on Form 1098. If paid to an individual, show that person's name and address. ▶ | | | | |
| Note: Personal interest is not deductible | | 9b | | | |
| | 10 Points not reported to you on Form 1098. See page A-3 for special rules | 10 | | | |
| | 11 Investment interest. If required, attach Form 4952. (See page A-3.) | 11 | | | |
| | 12 Add lines 9a through 11 ▶ | | | 12 | 3,924. |
| **Gifts to Charity** | Caution: If you made a charitable contribution and received a benefit in return, see page A-3. | | | | |
| | 13 Contributions by cash or check 3,983. | 13 | 3,983. | | |
| (See page A-3) | 14 Other than by cash or check. If over $500, you MUST attach Form 8283 | 14 | | | |
| | 15 Carryover from prior year | 15 | | | |
| | 16 Add lines 13 through 15 ▶ | | | 16 | 3,983. |
| Casualty, Theft | 17 Casualty or theft loss(es). Attach Form 4684. (See page A-4) ▶ | | | 17 | |
| Moving Exp. | 18 Moving expenses. Attach Form 3903 or 3903F. (See page A-4.) ▶ | | | 18 | |
| **Job Expenses and Most Other Miscellaneous Deductions** | 19 Unreimbursed empl. exp. If required, you MUST attach Form 2106. (See pg. A-4.) ▶ Form 2106 Amount 3,277. ** Total reflects $3,000 Statutory Limitation per IRC 162(a) for Washington, DC Living | 19 | 3,277. | | |
| | 20 Other expenses. ▶ Expenses for Members of Congress 1991 Tax Preparation 225. Professional Dues 140. | 20 | 365. | | |
| (See page A-5 for expenses to deduct here) | 21 Add lines 19 and 20 | 21 | 3,642. | | |
| | 22 Enter amount from Form 1040, line 32 . . 22 147,848. | | | | |
| | 23 Multiply line 22 above by 2% (.02) | 23 | 2,957. | | |
| | 24 Subtract line 23 from line 21. If zero or less, enter -0- ▶ | | | 24 | 685. |
| **Other Miscellaneous Deductions** | 25 Other - from list on page A-5. List type and amount ▶ | | | 25 | |
| **Total Itemized Deductions** | 26 Is the amount on Form 1040, line 32, more than $105,250 (more than $52,625 if married filing separately)? • NO. Your deduction is not limited. Add lines 4, 8, 12, 16, 17, 18, 24, and 25. • YES. Your deduction may be limited. See page A-5 for the amount to enter. Caution: Be sure to enter on Form 1040, line 34, the LARGER of the amount on line 26 above or your standard deduction. ▶ | | | 26 | 14,906. |

H896 For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 1992

20A—X/01-06-93

## Schedule B — Interest and Dividend Income 1992

Attachment Sequence No. 08 — OMB No. 1545-0074

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side

Richard J. & Loretta M. Durbin

Your social security number: 493-46-1338

**Part I Interest Income**

If you had over $400 in taxable interest income, OR are claiming the exclusion of interest from series EE U.S. savings bonds issued after 1989, you must complete this part. List ALL interest you received. If you had over $400 in taxable interest income, you must also complete Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page B-1.

(See pages 14 and B-1.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

| Interest Income | | Amount |
|---|---|---|
| 1 List name of payer. List interest from seller-financed mortgages first. ▶ | | |
| Credit Union One 4157001 | | 22. |
| Hadson Petroleum 001 000001325 | | 62. |
| Congressional Fed. CU 80596 | | 373. |
| First of America 00-0118417-2 | | 52. |
| Merrill Lynch | | 19. |
| From Partnerships and S-Corps on K-1s | 1 | 1. |
| 2 Add the amounts on line 1 | 2 | 529. |
| 3 Excludable interest on series EE U.S. Savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040 | 3 | |
| 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶ | 4 | 529. |

**Part II Dividend Income**

If you had over $400 in gross dividends and/or other distributions on stock, you must complete this part and Part III. If you received, as a nominee, dividends that actually belong to another person, see page B-1.

(See pages 15 and B-1.)

Note: If you received a Form 1099-DIV, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

| Dividend Income | | Amount |
|---|---|---|
| 5 List name of payer. Include on this line capital gain distributions, nontaxable distrib., etc. ▶ | | |
| Merrill Lynch 441-22485 | | 111. |
| A.G. Edwards | | 46. |
| | 5 | |
| 6 Add the amounts on line 5 | 6 | 157. |
| 7 Capital gain distributions. Enter here and on Schedule D* 7 | | |
| 8 Nontaxable distributions. (See the inst. for Form 1040, line 9.) 8 | | |
| 9 Add lines 7 and 8 | 9 | |
| 10 Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶ | 10 | 157. |

* If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, lines 13 and 14.

**Part III Foreign Accounts and Foreign Trusts**

(See page B-2.)

If you had over $400 of interest or dividends, OR had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must complete this part.

| | Yes | No |
|---|---|---|
| 11a At any time during 1992, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1 | | X |
| b If "Yes," enter the name of the foreign country ▶ | | |
| 12 Were you the grantor of, or transferor to, a foreign trust that existed during 1992, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926 | | X |

HB96 For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule B (Form 1040) 1992

208——X/12-16-92

**Schedule C (Form 1040)**

Department of the Treasury Internal Revenue Service

# Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065.

▶ Attach to Form 1040 or Form 1041 ▶ See instructions for Schedule C (Form 1040).

OMB No. 1545-0074

1992

Attachment Sequence No. 09

Name of proprietor: Loretta M. Durbin

Social security number (SSN): 350-36-5292

A Principal business or profession, including product or service (see page C-1): Consulting

B Enter principal business code ▶ 6882

C Business name: Loretta M. Durbin

D Employer ID no. (Not SSN)

E Business address (incl. suite or room no.) ▶ 1525 S. Bates Avenue, Springfield, IL 62704

City, town, state, ZIP code

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Method(s) used to value closing inventory: (1) [ ] Cost (2) [ ] Lower of cost or market (3) [ ] Other (attach explanation) (4) [X] Does not apply (if checked, skip line H)

| | | Yes | No |
|---|---|---|---|
| H | Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation | | |
| I | Did you "materially participate" in the operation of this business during 1992? If "No," see page C-2 for limitations on losses | X | |
| J | Was the business in operation at the end of 1992? | X | |
| K | How many months was this business in operation during 1992? ▶ 12 | | |
| L | If this is the first Schedule C filed for this business, check here ▶ [ ] | | |

## Part I Income

| | | | |
|---|---|---|---|
| 1 | Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here ▶ [ ] | 1 | 1,800. |
| 2 | Returns and allowances | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | 1,800. |
| 4 | Cost of goods sold (from line 40 on page 2) | 4 | |
| 5 | Gross profit. Subtract line 4 from line 3 | 5 | 1,800. |
| 6 | Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2) | 6 | |
| 7 | Gross income. Add lines 5 and 6 ▶ | 7 | 1,800. |

## Part II Expenses (Caution: Do not enter expenses for business use of your home on lines 8-27. Instead, see line 30.)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 8 | Advertising | 8 | | 21 | Repairs and maintenance | 21 | |
| 9 | Bad debts from sales or services (see page C-3) | 9 | | 22 | Supplies (not included in Part III) | 22 | |
| 10 | Car and truck expenses (see page C-3 - also attach Form 4562) | 10 | | 23 | Taxes and licenses | 23 | |
| 11 | Commissions and fees | 11 | | 24 | Travel, meals, & entertainment: a Travel | 24a | |
| 12 | Depletion | 12 | | | b Meals and entertainment | | |
| 13 | Depreciation and section 179 expense deduction (not incl in Part III) (see Page C-3) | 13 | | | c Enter 20% of line 24b subject to limitations (see pg. C-4) | | |
| 14 | Employee benefit programs (other than on line 19) | 14 | | | d Subtract line 24c from line 24b | 24d | |
| 15 | Insurance (other than health) | 15 | | 25 | Utilities | 25 | |
| 16 | Interest: | | | 26 | Wages (less jobs credit) | 26 | |
| | a Mortgage (paid to banks, etc.) | 16a | | 27a | Other: | | |
| | b Other | 16b | | | | | |
| 17 | Legal and professional services | 17 | | | | | |
| 18 | Office expense | 18 | | | | | |
| 19 | Pension & profit-sharing plans | 19 | | | | | |
| 20 | Rent or lease (see page C-4): | | | | | | |
| | a Vehicles, machinery, and equip. | 20a | | | | | |
| | b Other business property | 20b | | 27b | Total other expenses | 27b | |

| | | | |
|---|---|---|---|
| 28 | Total expenses before expenses for business use of home. Add lines 8 through 27b in columns ▶ | 28 | |
| 29 | Tentative profit (loss). Subtract line 28 from line 7 | 29 | 1,800. |
| 30 | Expenses for business use of your home. Attach Form 8829 | 30 | |
| 31 | Net profit or (loss). Subtract line 30 from line 29. If a profit, enter here and on Form 1040, line 12. Also, enter the net profit on Schedule SE, line 2 (statutory employees, see page C-5). If a loss, you MUST go on to line 32 (fiduciaries, see page C-5) | 31 | 1,800. |
| 32 | If you have a loss, you MUST check the box that describes your investment in this activity (see page C-5) If you checked 32a, enter the loss on Form 1040, line 12, and Schedule SE, line 2 (statutory employees, see page C-5). If you checked 32b, you MUST attach Form 6198. | 32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk. | |

H896 For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 1992

20C—1/01-08-93

Schedule D (Form 1040)

Department of the Treasury Internal Revenue Service

# Capital Gains and Losses

## (And Reconciliation of Forms 1099–B for Bartering Transactions)

▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).

▶ For more space to list transactions for lines 1a and 9a, get Schedule D-1 (Form 1040).

OMB No. 1545–0074

1992

Attachment Sequence No. 12A

Name(s) shown on Form 1040: Richard J. & Loretta M. Durbin

Your social security number: 493-46-1338

Caution: Add the following amounts reported to you for 1992 on Forms 1099–B and 1099–S (or on substitute statements): (a) proceeds from transactions involving stocks, bonds, and other securities, and (b) gross proceeds from real estate transactions not reported on another form or schedule. If the total does not equal the total of lines 1c and 9c, column (d), attach a statement explaining the difference.

**Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less**

| (a) Description of property (Example: 100 shares 7% preferred of "XYZ Co.") | (b) Date acquired (Mo., day, yr.) | (c) Date sold (Mo., day, yr.) | (d) Sales price (see page D–2) | (e) Cost or other basis (see page D–3) | (f) LOSS If (e) is more than (d) subtract (d) from (e) | (g) GAIN If (d) is more than (e), subtract (e) from (d) |
|---|---|---|---|---|---|---|
| 1a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099–B and 1099–S Transactions. See page D–3. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 1b Amounts from Schedule D-1, line 1b. Attach Schedule D-1 | | | | | | |
| 1c Total of All Sales Price Amounts. Add column (d) of lines 1a and 1b ▶ 1c | | | | | | |
| 1d Other Transactions | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | |
|---|---|---|---|
| 2 Short-term gain from sale or exchange of your home from Form 2119, line 17 or 23 | 2 | | |
| 3 Short-term gain from installment sales from Form 6252, line 26 or 37 | 3 | | |
| 4 Short-term gain or (loss) from like-kind exchanges from Form 8824 | 4 | | |
| 5 Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries | 5 | | |
| 6 Short-term capital loss carryover from 1991 Schedule D, line 36 | 6 | | |
| 7 Add lines 1a, 1b, 1d, and 2 through 6, in columns (f) and (g) | 7 | ( ) | |
| 8 Net short-term capital gain or (loss). Combine columns (f) and (g) of line 7 | 8 | | |

**Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year**

| | | | | | | |
|---|---|---|---|---|---|---|
| 9a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099–B and 1099–S Transactions. See page D–3. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 9b Amounts from Schedule D-1, line 9b. Attach Schedule D-1 | | | | | | |
| 9c Total of All Sales Price Amounts. Add column (d) of lines 9a and 9b ▶ 9c | | | | | | |
| 9d Other Transactions. | | | | | | |
| Hadson Pet Ut | 11/05/86 | 07/31/92 | 619. | 660. | 41. | |
| | | | | | | |
| | | | | | | |

| | | | |
|---|---|---|---|
| 10 Long-term gain from sale or exchange of your home from Form 2119, line 17 or 23 | 10 | | |
| 11 Long-term gain from installment sales from Form 6252, line 26 or 37 | 11 | | |
| 12 Long-term gain or (loss) from like-kind exchanges from Form 8824 | 12 | | |
| 13 Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries | 13 | | |
| 14 Capital gain distributions | 14 | | |
| 15 Gain from Form 4797, line 8 or 10 | 15 | | |
| 16 Long-term capital loss carryover from 1991 Schedule D, line 43 | 16 | 6,996. | |
| 17 Add lines 9a, 9b, 9d, and 10 through 16, in columns (f) and (g) | 17 | ( 7,037. ) | |
| 18 Net long-term capital gain or (loss). Combine columns (f) and (g) of line 17 | 18 | | -7,037. |

H896 For paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule D (Form 1040) 1992

20D----- 1/01-08-93

Schedule D (Form 1040) 1992 — Attachment Sequence No 12A — Page 2

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1. — Your social security number

Richard J. & Loretta M. Durbin — 493-46-1338

**Part III Summary of Parts I and II**

| | | | |
|---|---|---|---|
| 19 | Combine lines 8 and 18 and enter the net gain or (loss). If a gain, also enter the gain on Form 1040, line 13 | 19 | -7,037. |
| | Note: If both lines 18 and 19 are gains, see Part IV below. | | |
| 20 | If line 19 is a (loss), enter here and as a (loss) on Form 1040, line 13, the smaller of | | |
| | a The (loss) on line 19; or | | |
| | b ($3,000) or, if married filing a separate return, ($1,500) | 20 | ( 3,000. ) |
| | Note: When figuring whether line 20a or 20b is smaller, treat both numbers as positive. | | |
| | Complete Part V if the loss on line 19 is more than the loss on line 20, OR if Form 1040, line 37, is zero. | | |

**Part IV Tax Computation Using Maximum Capital Gains Rate**

USE THIS PART TO FIGURE YOUR TAX ONLY IF BOTH LINES 18 AND 19 ARE GAINS, AND:

| You checked filing status box: | AND | Form 1040, line 37, is over: | You checked filing status box: | AND | Form 1040, line 37, is over: |
|---|---|---|---|---|---|
| 1 | | $51,900 | 3 | | $43,250 |
| 2 or 5 | | $86,500 | 4 | | $74,150 |

| | | | |
|---|---|---|---|
| 21 | Enter the amount from Form 1040, line 37 | 21 | |
| 22 | Enter the smaller of line 18 or line 19 | 22 | |
| 23 | Subtract line 22 from line 21 | 23 | |
| 24 | Enter $21,450 if you checked filing status box 1; $35,800 if you checked filing status box 2 or 5; $17,900 if you checked filing status box 3; or $28,750 if you checked filing status box 4 | 24 | |
| 25 | Enter the greater of line 23 or line 24 | 25 | |
| 26 | Subtract line 25 from line 21 | 26 | |
| 27 | Figure the tax on the amount on line 25. Use the Tax Table or Tax Rate Schedules, whichever applies | 27 | |
| 28 | Multiply line 26 by 28% (.28) | 28 | |
| 29 | Add lines 27 and 28. Enter here and on Form 1040, line 38, and check the box for Schedule D | 29 | |

**Part V Capital Loss Carryovers from 1992 to 1993**

| | | | | | |
|---|---|---|---|---|---|
| 30 | Enter the amount from Form 1040, line 35. If a loss, enclose the amount in parentheses | | | 30 | 132,942. |
| 31 | Enter the loss from line 20 as a positive amount | | | 31 | 3,000. |
| 32 | Combine lines 30 and 31. If zero or less, enter -0- | | | 32 | 135,942. |
| 33 | Enter the smaller of line 31 or line 32 | | | 33 | 3,000. |
| | Note: If both lines 8 and 20 are losses, go to line 34; otherwise, skip lines 34-38 | | | | |
| 34 | Enter the loss from line 8 as a positive amount | | | 34 | |
| 35 | Enter the gain, if any, from line 18 | 35 | | | |
| 36 | Enter the amount from line 33 | 36 | | | |
| 37 | Add lines 35 and 36 | | | 37 | |
| 38 | Short-term capital loss carryover to 1993. Subtract line 37 from line 34. If zero or less, enter -0- | | | 38 | 0. |
| | Note: If both lines 18 and 20 are losses, go to line 39; otherwise, skip lines 39-45 | | | | |
| 39 | Enter the loss from line 18 as a positive amount | | | 39 | 7,037. |
| 40 | Enter the gain, if any, from line 8 | 40 | | | |
| 41 | Enter the amount from line 33 | 41 | 3,000. | | |
| 42 | Enter the amount, if any, from line 34 | 42 | | | |
| 43 | Subtract line 42 from line 41. If zero or less, enter -0- | 43 | 3,000. | | |
| 44 | Add lines 40 and 43 | | | 44 | 3,000. |
| 45 | Long-term capital loss carryover to 1993. Subtract line 44 from line 39. If zero or less, enter -0- | | | 45 | 4,037. |

**Part VI Election Not To Use the Installment Method.** Complete this part only if you elect out of the installment method and report a note or other obligation at less than full face value

| | | |
|---|---|---|
| 46 | Check here if you elect out of the installment method | ▶ ☐ |
| 47 | Enter the face amount of the note or other obligation | ▶ |
| 48 | Enter the percentage of valuation of the note or other obligation | ▶ % |

**Part VII Reconciliation of Forms 1099-B for Bartering Transactions.**

Complete this part only if you received one or more Forms 1099-B or substitute statements reporting bartering income.

| | | | Amount of bartering income from Form 1099-B or substitute statement reported on form or schedule |
|---|---|---|---|
| 49 | Form 1040, line 22 | 49 | |
| 50 | Sch. C, C-EZ, D, E, or F (specify) ▶ | 50 | |
| 51 | Other form or schedule (identify) If nontaxable, indicate reason--attach additional sheets if necessary: | 51 | |
| 52 | Total. Add lines 49 through 51. This amount should be the same as the total bartering income on all Forms 1099-B and substitute statements received for bartering transactions | 52 | |

H896

20D----2/10-20-92

Schedule E (Form 1040) 1992 Attachment Sequence No. 13 Page 2

Name(s) shown on return. Do not enter name and SSN if shown on page 1.: Richard J. & Loretta M. Durbin

Your social security number: 493-46-1338

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below.

**Part II Income or Loss From Partnerships and S Corporations**

If you report a loss from an at-risk activity, you MUST check either column (e) or (f) of line 27 to describe your investment in the activity. See page E-3. If you check column (f), you must attach Form 6198.

| 27 | (a) Name | (b) Enter P for partnership; S for S corp. | (c) Check if foreign partnership | (d) Employer identification number | Investment At Risk? (e) All is at risk | (f) Some is not at risk |
|---|---|---|---|---|---|---|
| A | Fairbanks Plaza LP | P | | 36-3550245 | X | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |

| | Passive Income and Loss | | Nonpassive Income and Loss | | |
|---|---|---|---|---|---|
| | (g) Passive loss allowed (attach Form 8582 if required) | (h) Passive income from Schedule K-1 | (i) Nonpassive loss from Schedule K-1 | (j) Section 179 expense deduction from Form 4562 | (k) Nonpassive income from Schedule K-1 |
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| 28a Totals | | | | | |
| b Totals | | | | | |

| | | | |
|---|---|---|---|
| 29 | Add columns (h) and (k) of line 28a | 29 | |
| 30 | Add columns (g), (i), and (j) of line 28b | 30 | ( ) |
| 31 | Total partnership and S corporaton income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below | 31 | |

**Part III Income or Loss From Estates and Trusts**

| 32 | (a) Name | (b) Employer identification number |
|---|---|---|
| A | | |
| B | | |
| C | | |

| | Passive Income and Loss | | Nonpassive Income and Loss | |
|---|---|---|---|---|
| | (c) Passive deduction or loss allowed (attach Form 8582 if required) | (d) Passive income from Schedule K-1 | (e) Deduction or loss from Schedule K-1 | (f) Other income from Schedule K-1 |
| A | | | | |
| B | | | | |
| C | | | | |
| 33a Totals | | | | |
| b Totals | | | | |

| | | | |
|---|---|---|---|
| 34 | Add columns (d) and (f) of line 33a | 34 | |
| 35 | Add columns (c) and (e) of line 33b | 35 | ( ) |
| 36 | Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below | 36 | |

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) — Residual Holder**

| 37 (a) Name | (b) Employer identification number | (c) Excess inclusion from Schedules Q, line 2c (see page E-4) | (d) Taxable income (net loss) from Schedules Q, line 1b | (e) Income from Schedules Q, line 3b |
|---|---|---|---|---|
| | | | | |

| | | | |
|---|---|---|---|
| 38 | Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below | 38 | |

**Part V Summary**

| | | | |
|---|---|---|---|
| 39 | Net farm rental income or (loss) from Form 4835. Also complete line 41 below | 39 | |
| 40 | TOTAL income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 18 ▶ | 40 | 0. |
| 41 | **Reconciliation of Farming and Fishing Income:** Enter your gross farming and fishing income reported in Parts II and III and on line 39 (see page E-4) 41 | | |

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service

# Self-Employment Tax

▶ See Instructions for Schedule SE (Form 1040).
▶ Attach to Form 1040.

OMB No. 1545-0074

1992
Attachment Sequence No. 17

Name of person with self-employment income (as shown on Form 1040): Loretta M. Durbin

Social security number of person with self-employment income ▶ 350-36-5292

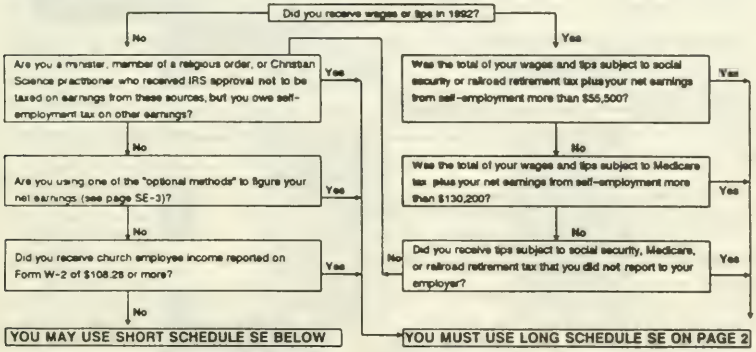
## Who Must File Schedule SE

You must file Schedule SE if:

- Your wages (and tips) subject to social security AND Medicare tax (or railroad retirement tax) were less than $130,200; AND
- Your net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) were $400 or more; OR
- You had church employee income (as defined on page SE-1) of $108.28 or more.

**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, AND you filed Form 4361 and received IRS approval not to be taxed on those earnings, DO NOT file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 47.

## May I Use Short Schedule SE or MUST I Use Long Schedule SE?




**Section A — Short Schedule SE.** Caution: Read above to see if you must use Long Schedule SE on page 2 (Section B).

| | | | |
|---|---|---|---|
| 1 | Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a | 1 | |
| 2 | Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming). See page SE-2 for other income to report | 2 | 1,800. |
| 3 | Combine lines 1 and 2 | 3 | 1,800. |
| 4 | **Net earnings from self-employment.** Multiply line 3 by 92.35% (.9235). If less than $400, do not file this schedule; you do not owe self-employment tax ▶ | 4 | 1,662. |
| 5 | **Self-employment tax.** If the amount on line 4 is:<br>• $55,500 or less, multiply line 4 by 15.3% (.153) and enter the result.<br>• More than $55,500, but less than $130,200, multiply the amount in excess of $55,500 by 2.9% (.029). Then, add $8,491.50 to the result and enter the total.<br>• $130,200 or more, enter $10,657.80.<br>Also, enter this amount on Form 1040, line 47 | 5 | 254. |

**Note:** Also, enter one-half of the amount from line 5 on Form 1040, line 25.

Form **2106**

Department of the Treasury
Internal Revenue Service

# Employee Business Expenses

▶ See separate instructions.

▶ Attach to Form 1040.

OMB No. 1545-0139

**1992**
Attachment Sequence No. 54

| Your name | Social security number | Occupation in which expenses were incurred |
|---|---|---|
| Richard J. Durbin | 493-46-1338 | Congress |

**Part I** Employee Business Expenses and Reimbursements

| STEP 1 Enter Your Expenses | | Column A Other Than Meals and Entertainment | Column B Meals and Entertainment |
|---|---|---|---|
| 1 Vehicle expenses from line 22 or line 29 | 1 | 277. | |
| 2 Parking fees, tolls, and local transportation, including train, bus, etc. | 2 | | |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment | 3 | | |
| 4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment | 4 | 3,000. | |
| 5 Meals and entertainment expenses (see instructions) | 5 | | |
| 6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 | 6 | 3,277. | |

Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

| STEP 2 Enter Amounts Your Employer Gave You for Expenses Listed in STEP 1 | | | |
|---|---|---|---|
| 7 Enter amounts your employer gave you that were not reported to you in box 10 of Form W-2. Include any amount reported under code "L" in box 17 of your Form W-2 (see instructions) | 7 | | |

| STEP 3 Figure Expenses To Deduct on Schedule A (Form 1040) | | | |
|---|---|---|---|
| 8 Subtract line 7 from line 6 | 8 | 3,277. | |
| **Note:** If both columns of line 8 are zero, stop here. If Column A is less than zero, report the amount as income and enter -0- on line 10, Column A. See the instructions for how to report. | | | |
| 9 Enter 20% (.20) of line 8, Column B | 9 | | |
| 10 Subtract line 9 from line 8 | 10 | 3,277. | |
| 11 Add the amounts on line 10 of both columns and enter the total here. **Also enter the total on Schedule A (Form 1040), line 19.** (Qualified performing artists and individuals with disabilities, see the instructions for special rules on where to enter the total.) ▶ | 11 | | 3,277. |

H896 For Paperwork Reduction Act Notice, see Instructions.

Form **2106** (1992)

22106—1/11-24-92

Form 2106 (1992) Durbin 493-46-1338 Page 2

**Part II Vehicle Expenses** (See instructions to find out which sections to complete.)

| Section A. – General Information | | | (a) Vehicle 1 | (b) Vehicle 2 |
|---|---|---|---|---|
| 12 | Enter the date vehicle was placed in service | 12 | 06/20/90 | |
| 13 | Total mileage vehicle was used during 1992 | 13 | 16000 miles | miles |
| 14 | Business miles included on line 13 | 14 | 990 miles | miles |
| 15 | Percent of business use. Divide line 14 by line 13 | 15 | 6 % | % |
| 16 | Average daily round trip commuting distance | 16 | 5 miles | miles |
| 17 | Commuting miles included on line 13 | 17 | 1300 miles | miles |
| 18 | Other personal mileage. Add lines 14 and 17 and subtract the total from line 13 | 18 | 13710 miles | miles |

19 Do you (or your spouse) have another vehicle available for personal purposes? [X] Yes [ ] No

20 If your employer provided you with a vehicle, is personal use during off duty hours permitted? [ ] Yes [X] No [ ] Not applicable

21a Do you have evidence to support your deduction? [X] Yes [ ] No

21b If "Yes," is the evidence written? [X] Yes [ ] No

**Section B. – Standard Mileage Rate** (Use this section only if you own the vehicle.)

22 Multiply line 14 by 28 cents (.28). Enter the result here and on line 1. (Rural mail carriers, see instructions.) 22 277.

| Section C. – Actual Expenses | | | (a) Vehicle 1 | (b) Vehicle 2 |
|---|---|---|---|---|
| 23 | Gasoline, oil, repairs, vehicle insurance, etc. | 23 | | |
| 24a | Vehicle rentals | 24a | | |
| b | Inclusion amount (see instructions) | 24b | | |
| c | Subtract line 24b from line 24a | 24c | | |
| 25 | Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2 – see instructions.) | 25 | | |
| 26 | Add lines 23, 24c, and 25 | 26 | | |
| 27 | Multiply line 26 by the percentage on line 15 | 27 | | |
| 28 | Depreciation. Enter amount from line 38 below | 28 | | |
| 29 | Add lines 27 and 28. Enter the total here and on line 1 | 29 | | |

**Section D. – Depreciation of Vehicles** (Use this section only if you own the vehicle.)

| | | | (a) Vehicle 1 | (b) Vehicle 2 |
|---|---|---|---|---|
| 30 | Enter cost or other basis (see instructions.) | 30 | | |
| 31 | Enter amount of section 179 deduction (see instructions.) | 31 | | |
| 32 | Multiply line 30 by line 15 (see instructions if you elected the section 179 deduction.) | 32 | | |
| 33 | Enter depreciation method and percentage (see instructions.) | 33 | | |
| 34 | Multiply line 32 by the percentage on line 33 (see instructions.) | 34 | | |
| 35 | Add lines 31 and 34 | 35 | | |
| 36 | Enter the limitation amount from the table in the line 36 instructions | 36 | | |
| 37 | Multiply line 36 by the percentage on line 15 | 37 | | |
| 38 | Enter the smaller of line 35 or line 37. Also, enter the amount on line 28 above | 38 | | |

HASE

22106—2/11-10-92

Form **6251**

Dept. of the Treasury
Internal Revenue Service

# Alternative Minimum Tax — Individuals

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0227

**1992**

Attachment Sequence No. 32

Name(s) shown on Form 1040: Richard J. & Loretta M. Durbin

Your social security no.: 493-46-1338

| | | | | | |
|---|---|---|---|---|---|
| 1 | Enter the amount from Form 1040, line 35. If less than zero, enter as a negative amount | | | 1 | 132,942. |
| 2 | Net operating loss deduction, if any, from Form 1040, line 22. Enter as a positive amount | | | 2 | |
| 3 | Overall itemized deductions limitation (see instructions) | | | 3 | ( 1,278) |
| 4 | Combine lines 1, 2, and 3 | | | 4 | 131,664. |
| 5 | **Adjustments:** (See instructions before completing.) | | | | |
| a | Standard deduction, if any, from Form 1040, line 34 | 5a | | | |
| b | Medical and dental expenses. Enter the smaller of the amount from Schedule A (Form 1040), line 4 or 2 1/2% (.025) of Form 1040, line 32 | 5b | | | |
| c | Miscellaneous itemized deductions from Schedule A (Form 1040), line 24 | 5c | 685. | | |
| d | Taxes from Schedule A (Form 1040), line 8 | 5d | 7,592. | | |
| e | Refund of taxes | 5e | ( ) | | |
| f | Certain home mortgage interest | 5f | | | |
| g | Investment interest expense | 5g | | | |
| h | Depreciation of tangible property placed in service after 1986 | 5h | | | |
| i | Circulation & research and experimental expenditures paid or incurred after 1986 | 5i | | | |
| j | Mining exploration and development costs paid or incurred after 1986 | 5j | | | |
| k | Long-term contracts entered into after 2/28/86 | 5k | | | |
| l | Pollution control facilities placed in service after 1986 | 5l | | | |
| m | Installment sales of certain property | 5m | | | |
| n | Adjusted gain or loss | 5n | | | |
| o | Incentive stock options | 5o | | | |
| p | Certain loss limitations | 5p | | | |
| q | Tax shelter farm activities | 5q | | | |
| r | Passive activities | 5r | | | |
| s | Beneficiaries of estates and trusts | 5s | | | |
| t | Combine lines 5a through 5s | | | 5t | 8,277. |
| 6 | **Tax preference items:** (See instructions before completing.) | | | | |
| a | Appreciated property charitable deduction | 6a | | | |
| b | Tax-exempt interest from private activity bonds issued after 8/7/86 | 6b | | | |
| c | Depletion | 6c | | | |
| d | Accelerated depreciation of real property placed in service before 1987 | 6d | | | |
| e | Accelerated depreciation of leased personal property placed in service before 1987 | 6e | | | |
| f | Intangible drilling costs | 6f | | | |
| g | Add lines 6a through 6f | | | 6g | |
| 7 | Combine lines 4, 5t, and 6g | | | 7 | 139,941. |
| 8 | Energy preference adjustment for certain taxpayers. Do not enter more than 40% of line 7. See instructions | | | 8 | |
| 9 | Subtract line 8 from line 7 | | | 9 | 139,941. |
| 10 | Alternative tax net operating loss deduction. See instructions for limitations | | | 10 | |
| 11 | **Alternative minimum taxable income.** Subtract line 10 from line 9. If married filing separately, see instructions | | | 11 | 139,941. |
| 12 | Enter: $40,000 ($20,000 if married filing separately; $30,000 if single or head of household) | | | 12 | 40,000. |
| 13 | Enter: $150,000 ($75,000 if married filing separately; $112,500 if single or head of household) | | | 13 | 150,000. |
| 14 | Subtract line 13 from line 11. If zero or less, enter -0- here and on line 15 and go to line 16 | | | 14 | 0. |
| 15 | Multiply line 14 by 25% (.25) | | | 15 | |
| 16 | **Exemption.** Subtract line 15 from line 12. If zero or less, enter -0-. If completing this form for a child under age 14, see instructions for amount to enter | | | 16 | 40,000. |
| 17 | Subtract line 16 from line 11. If zero or less, enter -0- here and on line 22 and skip lines 18 through 21 | | | 17 | 99,941. |
| 18 | Multiply line 17 by 24% (.24) | | | 18 | 23,986. |
| 19 | Alternative minimum tax foreign tax credit. See instructions | | | 19 | |
| 20 | Tentative minimum tax. Subtract line 19 from line 18 | | | 20 | 23,986. |
| 21 | Enter your tax from Form 1040, line 38, minus any foreign tax credit on Form 1040, line 43. If an amount from Form 4970 is entered on line 39 of Form 1040, also include the amount from Form 4970 on this line | | | 21 | 31,111. |
| 22 | **Alternative minimum tax.** Subtract line 21 from line 20. If zero or less, enter -0-. Enter this amount on Form 1040, line 48. If completing this form for a child under age 14, see instructions for amount to enter | | | 22 | 0. |

H896 For Paperwork Reduction Act Notice, see separate instructions.

Form 6251 (1992)

28251--X/12-31-92

Form **8271**
(Rev. July 1990)
Department of the Treasury
Internal Revenue Service

**Investor Reporting of Tax Shelter Registration Number**

▶ Attach to your tax return.

▶ If you received this form from a partnership, S corporation, or trust, see the instructions.

OMB No. 1545-0881
Expires 8-30-93
Attachment
Sequence No. 71

| Investor's name(s) as shown on return | Investor's taxpayer identification number | Investor's tax year ending |
|---|---|---|
| Richard J. & Loretta M. Durbin | 493-46-1338 | 12/31/92 |

**Part I** Tax Shelter Information

| | (a) Tax Shelter Name | (b) Tax Shelter Registration Number (11-digit number) | (c) Tax Shelter Taxpayer Identification Number | (d) Type of Tax Shelter (see list in instructions) |
|---|---|---|---|---|
| 1 | Fairbanks Plaza LP | 88028000664 | 363550245 | 35 |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

**Part II** Tax Shelter Benefits Claimed/Reported By Investor on Return to Which This Form 8271 Is Attached

Note: If you received any Schedules K-1 for these benefits, see the specific instructions for Part II on page 2.

| | (a) Gross Income, Gross Profits, and Gains | (b) Deductions and Losses | (c) Credits | (d) Forms and Schedules Where Benefits Are Claimed or Reported |
|---|---|---|---|---|
| 1 | | | | See K-1 attached |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

H896 For paperwork Reduction Act Notice, see instructions. Form **8271** (Rev. 7-90)

28271--X/12-14-92

Form **8582**

Department of the Treasury
Internal Revenue Service

# Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

OMB No. 1545-1008
**1992**
Attachment Sequence No. 88

Name(s) shown on return: Richard J. & Loretta M. Durbin

Identifying number: 493-46-1338

**Part I** **1992 Passive Activity Loss**

Caution: See the instructions for Worksheets 1 and 2 on page 7 before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation see **Active Participation in a Rental Real Estate Activity** on page 3 of the instructions.)

| | | | | |
|---|---|---|---|---|
| 1a | Activities with net income (from Worksheet 1, column (a)) | 1a | | |
| b | Activities with net loss (from Worksheet 1, column (b)) | 1b | ( ) | |
| c | Prior year unallowed losses (from Worksheet 1, column (c)) | 1c | ( ) | |
| d | Combine lines 1a, 1b, and 1c | | 1d | |

All Other Passive Activities

| | | | | |
|---|---|---|---|---|
| 2a | Activities with net income (from Worksheet 2, column (a)) | 2a | | |
| b | Activities with net loss (from Worksheet 2, column (b)) | 2b | ( 2,217. ) | |
| c | Prior year unallowed losses (from Worksheet 2, column (c)) | 2c | ( 17,717. ) | |
| d | Combine lines 2a, 2b, and 2c | | 2d | -19,934. |
| 3 | Combine lines 1d and 2d. If the result is net income or zero, see the instructions for line 3. If this line and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10 | | 3 | -19,934. |

**Part II** **Special Allowance for Rental Real Estate With Active Participation**

Note: Treat all numbers entered in Part II as positive amounts. (See instructions on page 7 for examples.)

| | | | | |
|---|---|---|---|---|
| 4 | Enter the smaller of the loss on line 1d or the loss on line 3 | | 4 | |
| 5 | Enter $150,000. If married filing separately, see the instructions | 5 | | |
| 6 | Enter modified adjusted gross income, but not less than zero (see instructions) | 6 | | |
| | Note: If line 6 is equal to or greater than line 5, skip lines 7 and 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7. | | | |
| 7 | Subtract line 6 from line 5 | 7 | | |
| 8 | Multiply line 7 by 50% (.5). Do not enter more than $25,000. If married filing separately, see instructions | | 8 | |
| 9 | Enter the smaller of line 4 or line 8 | | 9 | 0. |

**Part III** **Total Losses Allowed**

| | | | |
|---|---|---|---|
| 10 | Add the income, if any, on lines 1a and 2a and enter the total | 10 | |
| 11 | **Total losses allowed from all passive activities for 1992.** Add lines 9 and 10. See the instructions to find out how to report the losses on your tax return | 11 | 0. |



28582—1/11-05-92

Supporting Schedules 1992

Name: Richard J. & Loretta M. Durbin SSN: 493-46-1338

**********

Form 1040 - page 1
Line 7 - W-2 Information

| | | Wages | | | Taxes withheld | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Source | T/S | Gross | S.S. | Medi-care | Federal | S.S. | Medi-care | State | Local |
| Sgt. At Ar | T | 122677 | 55500 | 129133 | 28208 | 3441 | 1872 | 3572 | |
| State of I | S | 25812 | 29872 | 29872 | 4484 | 1852 | 433 | 774 | |
| | | 148489 | 85372 | 159005 | 32692 | 5293 | 2305 | 4346 | |

Schedule A, Line 26 Itemized Deductions Worksheet 1992

Name(s) Identifying number
Richard J. & Loretta M. Durbin 493-46-1338

| | | | | | |
|---|---|---|---|---|---|
| 1. | Total of Schedule A, lines 4, 8, 12, 16, 17, 18, 24 and 25 | | | 1 | 16,184. |
| 2. | Total of Schedule A, lines 4, 11 and 17, plus gambling losses, line 25 | | | 2 | 0. |
| 3. | Subtract line 2 from line 1 (If the result is zero, STOP HERE; and enter the amount from line 1 on Schedule A, line 26.) | | | 3 | 16,184. |
| 4. | Multiply line 3 by 80% | 4 | 12,947. | | |
| 5. | Form 1040, line 32 | 5 | 147,848. | | |
| 6. | $105,250 ($52,625 if married filing separately) | 6 | 105,250. | | |
| 7. | Line 5 minus line 6. (If the result is zero or less, STOP HERE; enter the amount from line 1 on Schedule A, line 26 | 7 | 42,598. | | |
| 8. | Multiply line 7 by 3% | 8 | 1,278. | | |
| 9. | Smaller of line 4 or 8 | | | 9 | 1,278. |
| 10. | Total itemized deductions, Schedule A, line 26 (Subtract line 9 from line 1.) | | | 10 | 14,906. |

8582 Worksheet Supporting Schedules 1992
Name: Richard J. & Loretta M. Durbin SSN: 493-46-1338

8582 - Worksheet 2

| Name of Activity | Current Year (a) Income | (b) Loss | Prior Yr. | Overall Gain or Loss (d) Gain | (e) Loss |
|---|---|---|---|---|---|
| Fairbanks Plaza LP | | 2,217. | 17,717. | | 19,934. |
| Totals, lines 2a, 2b, 2c. | | 2,217. | 17,717. | | |

Name: Richard J. & Loretta M. Durbin SSN: 493-46-1338

**********

8582 - Worksheet 4 - Allocation of Unallowed Losses

A. Enter line 3 of Form 8582..... 19,934.
B. Enter line 9 of Form 8582.....
C. Subtract line B from line A..... 19,934.

| Name of Activity | Report On | (a) Loss | (b) Ratio | (c) Unallowed Loss |
|---|---|---|---|---|
| Fairbanks Plaza LP | Sch E P2 | 19,934. | 1.00000 | 19,934. |
| | | 19,934. | 1.00000 | 19,934. |

8582 - Worksheet 5 - Allowed Losses

| Name of Activity | Report On | (a) Loss | Unallowed (b) Loss | Allowed (c) Loss |
|---|---|---|---|---|
| Fairbanks Plaza LP | Sch E P2 | 19,934. | 19,934. | 0. |
| | | 19,934. | 19,934. | 0. |

Name: Richard J. & Loretta M. Durbin SSN: 493-46-1338

**********

AMT Passive Worksheets 1992

==========

RENTAL REAL ESTATE ACTIVITIES WITH ACTIVE PARTICIPATION

1a Activities with net income.....1a

b Activities with net loss.....1b ( )

c Prior year unallowed losses.....1c ( )

d Add lines 1a, 1b and 1c.....1d

ALL OTHER PASSIVE ACTIVITIES

2a Activities with net income.....2a

b Activities with net loss.....2b ( 2,217.)

c Prior year unallowed losses.....2c ( )

d Add lines 2a, 2b and 2c.....2d -2,217.

3 Add lines 1d & 2d. If this line & line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 & go to line 10....3 -2,217.

---

PART II SPECIAL ALLOWANCE FOR RENTAL REAL ESTATE WITH ACTIVE PARTICIPATION

NOTE: Treat all numbers entered in Part II as positive amounts.

4 Enter the SMALLER of the loss on line 1d or line 3.....4

5 Enter $150000.....5

6 Enter modified adjusted gross income, but not less than -0-.....6

NOTE: If line 6 is equal to or greater than line 5, skip lines 7 & 8, enter -0- on line 9, & go to line 10. Otherwise, go to line 7.

7 Subtract line 6 from line 5.....7

8 Multiply line 7 by 50% (.5). DO NOT exceed $25000.....8

9 Enter the SMALLER of line 4 or line 8.....9 0.

---

PART III TOTAL LOSSES ALLOWED

10 Add income, if any, on lines 1a & 2a and enter total.....10

11 TOTAL LOSSES ALLOWED FROM ALL PASSIVE ACTIVITIES FOR 1992. Add lines 9 and 10.....11 0.

==========

251 - Worksheet 2

| !ame of Activity | Current Year (a) Income | Current Year (b) Loss | Prior Yr. | Overall Gain or Loss (d) Gain | Overall Gain or Loss (e) Loss |
|---|---|---|---|---|---|
| 'airbanks Plaza LP | | 2,217. | | | 2,217. |
| 'otals, lines 2a, 2b, 2c. | | 2,217. | | | |

Name: Richard J. & Loretta M. Durbin SSN: 493-46-1338

**********

6251 - Worksheet 4 - Allocation of Unallowed Losses

A. Enter line 3 of Form 8582..... 2,217.
B. Enter line 9 of Form 8582.....
C. Subtract line B from line A..... 2,217.

| Name of Activity | Report On | (a) Loss | (b) Ratio | (c) Unallowed Loss |
|---|---|---|---|---|
| Fairbanks Plaza LP | Sch E P2 | 2,217. | 1.00000 | 2,217. |
| | | 2,217. | 1.00000 | 2,217. |

6251 - Worksheet 5 - Allowed Losses

| Name of Activity | Report On | (a) Loss | Unallowed (b) Loss | Allowed (c) Loss |
|---|---|---|---|---|
| Fairbanks Plaza LP | Sch E P2 | 2,217. | 2,217. | 0. |
| | | 2,217. | 2,217. | 0. |

SCHEDULE K-1 (Form 1065)
Department of the Treasury
Internal Revenue Service

# Partner's Share of Income, Credits, Deductions, Etc.

▶ See separate instructions

For calendar year 1992 or tax year beginning , 1992, and ending , 19

OMB No. 1545-0099

**1992**

Partner's identifying number 493-46-1338

Partner's name, address, and ZIP code Partner # 17

Mr. & Mrs. Richard Durbin
1525 South Bates Street
Springfield, IL 62704

Partnership's identifying number ▶ 36 3550245

Partnership's name, address, and ZIP code

FAIRBANKS PLAZA LIMITED PARTNERSHIP

12780 HIGH BLUFF DRIVE, #200
SAN DIEGO, CA 91230

A Is this partner a general partner? ☐ Yes ☒ No

B Partner's share of liabilities (see instructions):
Nonrecourse $ 21,039.
Qualified nonrecourse financing $
Other $

C What type of entity is this partner? ▶ Individual

D Is this partner a ☒ domestic or a ☐ foreign partner?

E IRS Center where partnership filed return: KANSAS CITY

F Enter partner's percentage of:

| | (i) Beginning of year | (ii) End of year |
|---|---|---|
| Profit sharing | % | 2.7100 % |
| Loss sharing | % | 2.7100 % |
| Ownership of capital | % | 2.7100 % |

G(1) Tax shelter registration number ▶ 88028000664

(2) Type of tax shelter ▶ RENTAL REAL ESTATE

H Check here if this partnership is a publicly traded partnership as defined in section 469(k)(2) ☐

I Check applicable boxes: (1) ☐ Final K-1 (2) ☐ Amended K-1

J Analysis of partner's capital account:

| (a) Capital account at beginning of year | (b) Capital contributed during year | (c) Partner's share of lines 3, 4, and 7, Form 1065, Schedule M-2 | (d) Withdrawals and distributions | (e) Capital account at end of year (combine columns (a) through (d)) |
|---|---|---|---|---|
| 10,765. | | (2,217.) | | 8,548. |

| | (a) Distributive share item | | (b) Amount | (c) 1040 filers enter the amount in column (b) on: |
|---|---|---|---|---|
| Income (Loss) | 1 Ordinary income (loss) from trade or business activities | 1 | 0. | (See Partner's Instructions for Schedule K-1 (Form 1065).) |
| | 2 Net income (loss) from rental real estate activities | 2 | (2,217.) | |
| | 3 Net income (loss) from other rental activities | 3 | | |
| | 4 Portfolio income (loss) | | | |
| | a Interest | 4a | 1. | Sch. B, Part I, line 1 |
| | b Dividends | 4b | | Sch. B, Part II, line 5 |
| | c Royalties | 4c | | Sch. E, Part I, line 4 |
| | d Net short-term capital gain (loss) | 4d | | Sch. D, line 5, col. (f) or (g) |
| | e Net long-term capital gain (loss) | 4e | | Sch. D, line 13, col. (f) or (g) |
| | f Other portfolio income (loss) (attach schedule) | 4f | | (Enter on applicable line of your return.) |
| | 5 Guaranteed payments to partner | 5 | | (See Partner's Instructions for Schedule K-1 (Form 1065).) |
| | 6 Net gain (loss) under section 1231 (other than due to casualty or theft) | 6 | | |
| | 7 Other income (loss) (attach schedule) | 7 | | (Enter on applicable line of your return.) |
| Deductions | 8 Charitable contributions (see instructions) (attach schedule) | 8 | | Sch. A, line 13 or 14 |
| | 9 Section 179 expense deduction | 9 | | (See Partner's Instructions for Schedule K-1 (Form 1065).) |
| | 10 Deductions related to portfolio income (attach schedule) | 10 | | |
| | 11 Other deductions (attach schedule) | 11 | | |
| Investment Interest | 12a Interest expense on investment debts | 12a | | Form 4952, line 1 |
| | b (1) Investment income included on lines 4a through 4f above | b(1) | 1. | (See Partner's Instructions for Schedule K-1 (Form 1065).) |
| | (2) Investment expenses included on line 10 above | b(2) | | |
| Credits | 13a Credit for income tax withheld | 13a | | (See Partner's Instructions for Schedule K-1 (Form 1065).) |
| | b Low-income housing credit: | | | Form 8586, line 5 |
| | (1) From section 42(j)(5) partnerships for property placed in service before 1990 | b(1) | | |
| | (2) Other than on line 13b(1) for property placed in service before 1990 | b(2) | | |
| | (3) From section 42(j)(5) partnerships for property placed in service after 1989 | b(3) | | |
| | (4) Other than on line 13b(3) for property placed in service after 1989 | b(4) | | |
| | c Qualified rehabilitation expenditures related to rental real estate activities (see instructions) | 13c | | (See Partner's Instructions for Schedule K-1 (Form 1065).) |
| | d Credits (other than credits shown on lines 13b and 13c) related to rental real estate activities (see instructions) | 13d | | |
| | e Credits related to other rental activities (see instructions) | 13e | | |
| | 14 Other credits (see instructions) | 14 | | |

**Illinois Individual Income Tax Return** — **1992 IL-1040**

or fiscal year ending 1993 — Do not write above this line.

PLACE LABEL HERE

Your first name and initial — Spouse's first name (and last if different) — Your last name

********** CAR-RT SORT ** CR90
493-46-1338 3 DURB 350-36-5292
RICHARD J LORETTA M DURBIN
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

Your Social Security number: 493-46-1338

Spouse's Social Security number: 350-36-5292

4-digit school code: 1055

**EXEMPTIONS**

See instructions before completing this section. If you are required to be claimed as a dependent on another person's return and your Illinois base income is greater than $1,000, you may no longer claim a basic exemption for yourself.

a(1) How many exemptions did you claim on your 1992 federal return? a(1) 4

a(2) If you are a dependent claimed on another person's return, see instructions. a(2) 0

b Check if in 1992 you were: [ ] 65 or over [ ] legally blind

Check if in 1992 your spouse was: [ ] 65 or over [ ] legally blind

Write on the line the number of boxes you checked in Step b above. b

c Total exemptions. Add lines a(1), a(2), and b. c 4

**FILING STATUS**

Check one box: [ ] Single or head of household [X] Married filing jointly [ ] Married filing separately [ ] Widowed

**FARMERS**

If at least two thirds of your total gross income came from farming, check box. [ ]

**INCOME**

1 Adjusted gross income (U.S. 1040, Line 31; U.S. 1040A, Line 16; or U.S. 1040EZ, Line 3) — 1 147,848.

2 Federally tax-exempt interest income (U.S. 1040 or 1040A, Line 8b) — 2

3 Other additions (See instructions and specify.) — 3

4 Total income. Add Lines 1, 2, and 3. — 4 147,848.

**SUBTRACTIONS**

5 Federally taxed retirement and Social Security (Attach copy of U.S. 1040 or 1040A.) — 5

6 Military pay earned while a resident and included in Line 1 — 6

7 Illinois income tax refund included on U.S. 1040, Line 10 — 7

8 U.S. government obligations (If more than $400, attach copy of U.S. Schedule B.) — 8

9 Other subtractions (See instructions and specify.) — 9

10 Total subtractions. Add Lines 5, 6, 7, 8, and 9. Do not include out-of-state income — 10 0.

11 Base income. Subtract Line 10 from Line 4. — 11 147,848.

**TAX AND CREDITS**

Illinois residents continue to Line 12. Check if you were a nonresident [ ] or part-year resident [ ].

Attach Schedule NR and write amount from Schedule NR, Line 1 here: Then skip to Line 14.

12 Write total exemptions from Box c of Exemptions section above. 4 Multiply by $1000. — 12 4,000.

13 Net income. Subtract Line 12 from Line 11. — 13 143,848.

14 Tax. Residents, multiply Line 13 by 3% (.03) or see tax table. Others, write Line 4 from Schedule NR. — 14 4,315.

**CONTRIBUTIONS**

15 Voluntary contributions. Your donation will reduce your refund or increase the amount you owe.

IL Nongame Wildlife Child Abuse Prevention a) ____ Homeless Assistance d) ____

Alzheimer's Research c) ____ Literacy Advancement e) ____

Total contributions 15

16 Total tax and contributions. Add Lines 14 and 15. — 16 4,315.

**PAYMENTS**

17 Illinois income tax withheld (Attach copy of all W-2's.) — 17 4,346.

18 Estimated payments (IL-1040-ES, IL-505-I, and 1991 overpayment credit) — 18

19 Credit for tax paid to other states (Line 8 of attached Schedule CR) — 19

20 Credit for IL property tax from worksheet on back of Schedule CR — 2,911. — 20 146.

21 Tax credits from attached Sch. 1299-C, Sch. 1299-D, Sch. 1299-I (Write Line 3 of worksheet) — 21

22 Total payments and credits. Add Lines 17, 18, 19, 20, and 21. — 22 4,492.

**REFUND OR AMOUNT YOU OWE**

23 Overpayment. If Line 22 is greater than Line 16, subtract Line 16 from Line 22. — 23 177.

24 Amount of overpayment you want credited to next year's tax. — 24

25 Amount of refund. Subtract Line 24 from Line 23. — 25 177.

26 Amount you owe. If Line 16 is greater than Line 22, subtract Line 22 from Line 16. — 26

27 If you completed IL-2210, write your penalty here. If you completed Part III of IL-2210, check box → [ ] — 27

28 Total amount due. Add Lines 26 and 27. — 28

**SIGN HERE**

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct and complete.

Do not write in this box.

Your signature — Date — Daytime phone number — Spouse's signature

Sign here — Francis Bayly — 04-03-93 — 217-787-7289 — 146-28-8672

Paid preparer's signature — Date — Phone number — Paid preparer's FEIN or SSN

→ If you use a tax preparer and do not wish to receive a booklet next year, check here. [ ] ←

Mail this return to: Illinois Department of Revenue, Springfield, IL 62719-0001

AP DR ____ NR ME ZZ SE WS WA XA RI HS MR DC ____ XU ____ ID ____

IL-1040X1/01-26-93

TAXPAYER'S COPY

Richard J. & Loretta M. Durbin 493-46-1338

IL 1040 (1992)



**Be sure to attach the following supporting documents:**

Line 5 - U.S. 1040 or U.S. 1040A, page 1; U.S. Schedule D and Form IL-4644, if applicable
Line 6 - Military pay W-2
Line 8 - U.S. 1040, Schedule B or U.S. 1040A, Schedule 1, identifying each U.S. government obligation separately; and a copy of any statement received from a mutual fund
Line 9 - For enterprise zone, foreign trade zone or subzone dividends, attach Illinois Schedule 1299-C.
For recovery amounts, attach U.S. 1040, all pertinent U.S. schedules, and prior year's Schedule A.
For partnership, S corporation, estate, and trust subtractions, attach the notification furnished.
For August 1, 1989, valuation limitation amounts, attach Illinois Schedule F and any required forms or schedules.
Line 14 - Nonresidents and part-year residents, attach Illinois Schedule NR.
For recapture of investment credits, attach Schedule 4255.
Line 17 - All W-2 forms
Line 18 - Illinois Schedule CR, copies of out-of-state income tax returns, and supporting documents
Line 20 - Homeowner's Property Tax Worksheet
Line 21 - Illinois Schedule 1299-C
Line 27 - Form B-2210, if you are annualizing in Part III

If you do not attach the required supporting documents, your entry will be disallowed, and any refund to which you are entitled will be delayed.

## Homeowner's Property Tax Credit Worksheet (Must be filed with Form IL-1040)

You must complete the worksheet if you qualify for the Illinois property tax credit. See instructions for Line 20 in the booklet.

| | | |
|---|---|---|
| 1 Write the total amount of Illinois property tax shown on the tax bill for the real estate that includes your principal residence | 1 | 2,911. |
| 2 Write the portion of that tax bill which is deductible as a business expense on U.S. Schedule C, E, F, or other U.S. income tax forms or schedules, whether or not you actually take the federal deduction | 2 | |
| 3 Subtract Line 2 from Line 1. Write this amount here and within the brackets on Form B-1040, Line 20. | 3 | 2,911. |
| 4 Multiply the amount on Line 3 by 5% (.05). | 4 | 146. |
| 5 Write the amount of income tax from your Form IL-1040, Line 14. | 5 | 4,315. |
| 6 Write the amount of credit for tax paid to other states from your Form IL-1040, Line 18 | 6 | |
| 7 Subtract Line 6 from Line 5. This is your net tax. | 7 | 4,315. |
| 8 Compare the amounts on Lines 4 and 7. Write the lesser amount here and on your Form IL-1040, Line 20 | 8 | 146. |

## Schedule 4255 Recapture Worksheet (See instructions for Line 14)

You must complete the worksheet if

- you claimed an investment credit against your Illinois income tax liability on your Form IL-1040 in a previous year and
- the property considered in the computation of that investment credit was disqualified within 48 months after being placed in service.

| | | |
|---|---|---|
| 1 Write the amount from Schedule 4255, Part IV, Line 12, Column A. | 1 | |
| 2 Write the amount from Schedule 4255, Part IV, Line 12, Column B. | 2 | |
| 3 Residents — Multiply the amount from Form IL-1040, Line 13, by 3% (.03). Nonresidents or part-year residents — Write the amount from Schedule NR, Line 4. | 3 | |
| 4 Add Lines 1, 2, and 3. Write the amount here and on your Form IL-1040, Line 14. | 4 | |

## Do you need assistance or more information?

We will help you complete your return. You can visit, write, or call an Illinois Department of Revenue office. Office hours are 8:30 a.m. to 5:00 p.m. weekdays.

The Willard Ice Building
101 West Jefferson, P.O. Box 19044
Springfield, IL 62794-9044

State of Illinois Center
100 West Randolph, 7th Floor
Chicago, IL 60601-3274

Call 1 800 732-8866 or 217 782-3336.

If you need additional forms or schedules,

- visit a regional office, or
- write to the Illinois Department of Revenue, P.O. Box 19010, Springfield, IL 62794-9010.

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.
This form has been approved by the Forms Management Center. IL-462-0005

Department of the Treasury - Internal Revenue Service

**Form 1040 U.S. Individual Income Tax Return 1992**

IRS use only — Do not write or staple in this space.

For the year Jan. - Dec. 31, 1992, or other tax year beginning , 1992, ending , 19 OMB No. 1545-0074

Your social security no.: 340-76-4396

Spouse's social security no.:

Print or type

====== CAR-RT-SORT**CR90
PE 340-76-4396 S09 21
JENNIFER M DURBIN
1525 DATES AVE 1155
SPRINGFIELD IL 62704

Presidential Election Campaign (See page 10) — Do you want $1 to go to this fund? Yes No. If a joint return, does your spouse want $1 to go to this fund? Yes No. Note: Checking "Yes" will not change your tax or reduce your refund.

**Filing Status** (See page 10) — Check only one box.

1 [X] Single
2 [ ] Married filing joint return (even if only one had income)
3 [ ] Married filing separate return. Enter spouse's SSN above & full name here. ▶
4 [ ] Head of household (with qualifying person) (See page 11.) If qualifying person is a child but not your dependent, enter child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child (yr spouse died ▶ 19 ) (See page 11.)

**Exemptions** (See page 11)

6a [ ] Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2 — No. of boxes checked on 6a and 6b: 0

b [ ] Spouse

c Dependents:

| (1) Name (first, initial, and last name) | (2) Check if under age 1 | (3) If age 1 or older, dependent's social security number | (4) Dependent's relationship to you | (5) No. of months lived in your home in 1992 |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If more than six dependents, see page 12.

No. of your children on 6c who: • lived with you ____ • didn't live with you due to divorce or separation (see page 13) ____ No. of other dependents on 6c ____

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ [ ]

e Total number of exemptions claimed — Add numbers entered on lines above ▶ 0

**Income**

Attach copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see page 9.

Attach check or money order on top of any Forms W-2, W-2G, or 1099-R.

| | | | |
|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 1,343. |
| 8a | Taxable interest income. Attach Schedule B if over $400 | 8a | 29. |
| b | Tax-exempt interest income (see page 15). DON'T include on line 8a: 8b | | |
| 9 | Dividend income. Attach Schedule B if over $400 | 9 | |
| 10 | Taxable refunds, credit, or offsets of state and local income taxes from worksheet on page 16 | 10 | |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 | Capital gain or (loss). Attach Schedule D | 13 | |
| 14 | Capital gain distributions not reported on line 13 (see page 15) | 14 | |
| 15 | Other gains or (losses). Attach Form 4797 | 15 | |
| 16a | Total IRA distributions: 16a; b Taxable amount (see page 16) | 16b | |
| 17a | Total pensions & annuities: 17a; b Taxable amount (see page 16) | 17b | |
| 18 | Rents, royalties, partnerships, estates, trusts, etc. Attach Schedule E | 18 | |
| 19 | Farm income or (loss). Attach Schedule F | 19 | |
| 20 | Unemployment compensation (insurance) | 20 | |
| 21a | Social security benefits: b Taxable amount (see page 17) | 21b | |
| 22 | Other income | 22 | |
| 23 | Add the amounts in the far right column for lines 7 through 22. This is your total income ▶ | 23 | 1,372. |

TAXPAYER'S COPY

**Adjustments to Income** (See page 18.)

| | | | |
|---|---|---|---|
| 24a | Your IRA deduction from applicable worksheet on page 18 or 20 | 24a | |
| b | Spouse's IRA deduction from applicable worksheet on page 18 or 20 | 24b | |
| 25 | One-half of self-employment tax (see page 20) | 25 | |
| 26 | Self-employed health insurance deduction (see page 20) | 26 | |
| 27 | Keogh retirement plan & self-employed SEP deduction | 27 | |
| 28 | Penalty on early withdrawal of savings | 28 | |
| 29 | Alimony paid. Recipient's SSN ▶ | 29 | |
| 30 | Add lines 24a through 29. These are your total adjustment ▶ | 30 | |
| 31 | Subtract line 30 from line 23. This is your adjusted gross income ▶ | 31 | 1,372. |

Adj. Gr. Income

Form 1040 (1992) Jennifer M. Durbin 340-76-4396 Page 2

| | | | | |
|---|---|---|---|---|
| Tax Computation | 32 | Amount from line 31 (adjusted gross income) | 32 | 1,372. |
| | 33a | Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a | | |
| | b | If your parent (or someone else) can claim you as a dependent, check here ▶ 33b ☒ | | |
| | c | If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 22 and check here ▶ 33c ☐ | | |
| (See page 22.) | 34 | Enter the larger of your: Itemized deductions from Schedule A, line 29, OR Standard deduction shown below for your filing status. But if you checked any box on line 33a or b, go to page 22 to find your standard deduction. If you checked box 33c, your standard deduction is zero. • Single — $3,600 • Married filing jointly or Qualifying widow(er) — $6,000 • Married filing separately — $3,000 • Head of household — $4,250 | 34 | 1,343. |
| | 35 | Subtract line 34 from line 32 | 35 | 29. |
| | 36 | If line 32 is $78,950 or less, multiply $2,300 by the total number of exemptions claimed on line 6e. If line 32 is over $78,950, see the worksheet on page 23 for the amount to enter | 36 | 0. |
| If you want the IRS to figure your tax, see page 23 | 37 | Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0- | 37 | 29. |
| | 38 | Enter tax. Check if from a ☒ Tax Table, b ☐ Tax Rate Schedules, c ☐ Schedule D, or d ☐ Form 8615 (see page 23). Amount, if any, from Form(s) 8814 ▶ e | 38 | 6. |
| | 39 | Additional taxes (see page 23). Check if from a ☐ Form 4970 b ☐ Form 4972 | 39 | |
| | 40 | Add lines 38 and 39 ▶ | 40 | 6. |
| Credits (See page 23.) | 41 | Credit for child and dependent care expenses. Attach Form 2441 — 41 | | |
| | 42 | Credit for the elderly or the disabled. Attach Schedule R — 42 | | |
| | 43 | Foreign tax credit. Attach Form 1116 — 43 | | |
| | 44 | Other credits (see page 24). Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form — 44 | | |
| | 45 | Add lines 41 through 44 | 45 | |
| | 46 | Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- ▶ | 46 | 6. |
| Other Taxes | 47 | Self-employment tax. Attach Schedule SE. Also, see line 25 | 47 | |
| | 48 | Alternative minimum tax. Attach Form 6251 | 48 | |
| | 49 | Recapture taxes (see page 25). Check if from a ☐ Form 4255 b ☐ Form 8611 c ☐ Form 8828 | 49 | |
| | 50 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 50 | |
| | 51 | Tax on qualified retirement plans, including IRAs. Attach Form 5329 | 51 | |
| | 52 | Advance earned income credit payments from Form W-2 | 52 | |
| | 53 | Add lines 46 through 52. This is your total tax ▶ | 53 | 6. |
| Payments Attach Forms W-2, W-2G, and 1099-R to page 1 | 54 | Federal income tax withheld. If any is from Form(s) 1099, check ▶ ☐ — 54 100. | | |
| | 55 | 1992 estimated tax payments and amount applied from 1991 return — 55 | | |
| | 56 | Earned income credit. Attach Schedule EIC — 56 | | |
| | 57 | Amount paid with Form 4868 (extension request) — 57 | | |
| | 58 | Excess social security, Medicare, and RRTA tax withheld (see page 26) — 58 | | |
| | 59 | Other payments (see page 26). Check if from a ☐ Form 2439 b ☐ Form 4136 — 59 | | |
| | 60 | Add lines 54 through 59. These are your total payments ▶ | 60 | 100. |
| Refund or Amount You Owe Attach check or money order on top of Form(s) W-2, etc., on page 1 | 61 | If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID ▶ | 61 | 94. |
| | 62 | Amount of line 61 you want REFUNDED TO YOU ▶ | 62 | 94. |
| | 63 | Amount of line 61 you want APPLIED TO YOUR 1993 EST. TAX ▶ 63 0. | | |
| | 64 | If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1992 Form 1040" on it | 64 | |
| | 65 | Estimated tax penalty. Also include on line 64 — 65 | | |

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this return for your records.

▶ Your signature | Date | Your occupation: Student

▶ Spouse's signature. If joint return, BOTH must sign | Date | Spouse's occupation

**Paid Preparer's Use Only**

Preparer's signature: Francis L Bayley | Date: 04-03-93 | Check if self-employed ☒ | Preparer's social security no. 146-28-8672

Firm's name (or yours if self-employed) and address: Francis L. Bayley, Ph.D., 114 Seminole Drive, Springfield, IL | E.I. No. | ZIP code 62704

H896
21040—2/11-19-92

## Schedule B — Interest and Dividend Income 1992

Attachment Sequence No. 08 — OMB No. 1545-0074

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Jennifer M. Durbin

Your social security number: 340-76-4396

**Part I Interest Income**

If you had over $400 in taxable interest income, OR are claiming the exclusion of interest from series EE U.S. savings bonds issued after 1989, you must complete this part. List ALL interest you received. If you had over $400 in taxable interest income, you must also complete Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page B-1.

(See pages 14 and B-1.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

| Interest Income | | Amount |
|---|---|---|
| 1 List name of payer. List interest from seller-financed mortgages first. ▶ Bank One 2001001001000049183 7 | 1 | 29. |
| 2 Add the amounts on line 1 | 2 | 29. |
| 3 Excludable interest on series EE U.S. Savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040 | 3 | |
| 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶ | 4 | 29. |

**Part II Dividend Income**

If you had over $400 in gross dividends and/or other distributions on stock, you must complete this part and Part III. If you received, as a nominee, dividends that actually belong to another person, see page B-1.

(See pages 15 and B-1.)

Note: If you received a Form 1099-DIV, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

| Dividend Income | | Amount |
|---|---|---|
| 5 List name of payer. Include on this line capital gain distributions, nontaxable distrib., etc. ▶ | 5 | |
| 6 Add the amounts on line 5 | 6 | |
| 7 Capital gain distributions. Enter here and on Schedule D* 7 | | |
| 8 Nontaxable distributions. (See the inst. for Form 1040, line 9.) 8 | | |
| 9 Add lines 7 and 8 | 9 | |
| 10 Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶ | 10 | |

* If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, lines 13 and 14.

**Part III Foreign Accounts and Foreign Trusts**

(See page B-2.)

If you had over $400 of interest or dividends, OR had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must complete this part.

| | Yes | No |
|---|---|---|
| 11a At any time during 1992, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1 | | X |
| b If "Yes," enter the name of the foreign country ▶ | | |
| 12 Were you the grantor of, or transferor to, a foreign trust that existed during 1992, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926 | | X |

Supporting Schedules 1992

Name: Jennifer M. Durbin SSN: 340-76-4396

**********

Form 1040 - page 1
Line 7 - W-2 Information

| | | Wages | | | Taxes withheld | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Source | T/S | Gross | S.S. | Medi-care | Federal | S.S. | Medi-care | State | Local |
| Boone's Sa | T | 1245 | 747 | 1245 | 99 | 77 | 18 | 37 | |
| Redwin Inc | T | 98 | 98 | 98 | 1 | 6 | 1 | 2 | |
| | | 1343 | 845 | 1343 | 100 | 83 | 19 | 39 | |

**Illinois Individual Income Tax Return**

# 1992 IL-1040

or fiscal year ending 1993

Do not write above this line

PLACE LABEL HERE

Your first name and initial: ********** CAR-RT SORT ** CR9D 340-76-4396 8 DURB JENNIFER M DURBIN 1525 S BATES AVE SPRINGFIELD IL 62704-3347

Spouse's first name and initial

Your last name

LINOIS ZIP

Your Social Security number: 340-76-4396

Spouse's Social Security number

4-digit school code: 1055

**EXEMPTIONS**

See instructions before completing this section. If you are required to be claimed as a dependent on another person's return and your Illinois base income is greater than $1,000, you may no longer claim a basic exemption for yourself.

a(1) How many exemptions did you claim on your 1992 federal return? a(1)

a(2) If you are a dependent claimed on another person's return, see instructions a(2) 0

b Check if in 1992 you were: [ ] 65 or over [ ] legally blind

Check if in 1992 your spouse was: [ ] 65 or over [ ] legally blind

Write on this line the number of boxes you checked in Step b above b

c Total exemptions. Add lines a(1), a(2), and b c

**FILING STATUS**

Check one box

[X] Single or head of household

[ ] Married filing jointly

[ ] Married filing separately

[ ] Widowed

**FARMERS**

If at least two thirds of your total gross income came from farming, check box. [ ]

**INCOME**

| | | |
|---|---|---|
| 1 | Adjusted gross income (U.S. 1040, Line 31; U.S. 1040A, Line 16, or U.S. 1040EZ, Line 3) | 1 1,372. |
| 2 | Federally tax-exempt interest income (U.S. 1040 or 1040A, Line 8b) | 2 |
| 3 | Other additions (See instructions and specify) | 3 |
| 4 | Total income. Add Lines 1, 2, and 3 | 4 1,372. |

**SUBTRACTIONS**

| | | | |
|---|---|---|---|
| 5 | Federally taxed retirement and Social Security (Attach copy of U.S. 1040 or 1040A.) | 5 | |
| 6 | Military pay earned while a resident and included in Line 1 | 6 | |
| 7 | Illinois income tax refund included on U.S. 1040, Line 10 | 7 | |
| 8 | U.S. government obligations (If more than $400, attach copy of U.S. Schedule B.) | 8 | |
| 9 | Other subtractions (See instructions and specify.) | 9 | |
| 10 | Total subtractions. Add Lines 5, 6, 7, 8, and 9. Do not include out-of-state income | 10 | 0. |
| 11 | Base income. Subtract Line 10 from Line 4. | 11 | 1,372. |

**TAX & CREDITS**

Illinois residents continue to Line 12. Check if you were a nonresident [ ] or part-year resident [ ]

Attach Schedule NR and write amount from Schedule NR, Line 1 here _____ Then skip to Line 14.

| | | | |
|---|---|---|---|
| 12 | Write total exemptions from Box c of Exemptions section above _____ Multiply by $1000. | 12 | |
| 13 | Net income. Subtract Line 12 from Line 11. | 13 | 1,372. |
| 14 | Tax. Residents, multiply Line 13 by 3% (.03) or see tax table. Others, write Line 4 from Schedule NR. | 14 | 41. |
| 15 | Voluntary contributions. Your donation will reduce your refund or increase the amount you owe | | |

IL Nongame Wildlife a) _____ Homeless Assistance d) _____

Child Abuse Prevention b) _____ Literacy Advancement e) _____

Alzheimer's Research c) _____ Total contributions 15 _____

| | | | |
|---|---|---|---|
| 16 | Total tax and contributions. Add Lines 14 and 15. | 16 | 41. |

**PAYMENTS & REFUND OR AMOUNT DUE**

| | | | |
|---|---|---|---|
| 17 | Illinois income tax withheld (Attach copy of all W-2's.) | 17 39. | |
| 18 | Estimated payments (IL-1040-ES, IL-505-I, and 1991 overpayment credit) | 18 | |
| 19 | Credit for tax paid to other states (Line 8 of attached Schedule CR) | 19 | |
| 20 | Credit for IL property tax from worksheet on page 2 | 20 | |
| 21 | Tax credits from attached Sch. 1299-C, Part VII, Line 11 (Write Line 21 on Line 20.) | 21 | |
| 22 | Total payments and credits. Add Lines 17, 18, 19, 20, and 21. | 22 | 39. |
| 23 | Overpayment. If Line 22 is greater than Line 16, subtract Line 16 from Line 22. | 23 | |
| 24 | Amount of overpayment you want credited to next year's tax. | 24 | |
| 25 | Amount of refund. Subtract Line 24 from Line 23. | 25 | |
| 26 | Amount you owe. If Line 16 is greater than Line 22, subtract Line 22 from Line 16. | 26 | 2. |
| 27 | If you completed IL-2210, write your penalty here. If you completed Part III of IL-2210, check box [ ] | 27 | |
| 28 | Total amount due. Add Lines 26 and 27. | 28 | 2. |

**SIGN ON PAYMENT**

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct and complete.

Do not write in this box.

| Sign here | Your signature | Date | Daytime phone number | Spouse's signature |
|---|---|---|---|---|
| | Francis A Bayley | 04-03-93 | 217-787-7289 | 146-28-8672 |
| | Paid preparer's signature | Date | Phone number | Paid preparer's FEIN or SSN |

If you use a tax preparer and do not wish to receive a booklet next year, check here. [ ]

**Mail this return to:** Illinois Department of Revenue, Springfield, IL 62719-0001

AP _____ DR _____ NR ME ZZ SE WS WA XA RX NS MR DC _____ XU _____ ID _____

2IL1040/01-20-93

PREPARER'S COPY

Department of the Treasury - Internal Revenue Service

Form **1040** **U.S. Individual Income Tax Return 1992**

IRS use only — Do not write or staple in this space.

For the year Jan. - Dec. 31, 1992, or other tax year beginning , 1992, ending , 19 OMB No. 1545-0074

(See inst. on p. 10.) Use the IRS label. Otherwise, please print or type.

****** CAR-RT-SORT**CR90 I
WX 348-74-6256 S09 Z1 R
PAUL D DURBIN 115S
1525 BATES
SPRINGFIELD IL 62704

Your social security no. 348-74-6256

Spouse's social security no.

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

**Presidential Election Campaign** (See page 10.)

Do you want $1 to go to this fund? Yes [ ] No [X]

If a joint return, does your spouse want $1 to go to this fund? Yes [ ] No [ ]

Note: Checking "Yes" will not change your tax or reduce your refund.

**Filing Status** (See page 10.)

1 [X] Single

2 [ ] Married filing joint return (even if only one had income)

3 [ ] Married filing separate return. Enter spouse's SSN above & full name here. ▶

4 [ ] Head of household (with qualifying person). (See page 11.) If qualifying person is a child but not your dependent, enter child's name here. ▶

5 [ ] Qualifying widow(er) with dependent child (yr. spouse died ▶ 19 ). (See page 11.)

**Exemptions** (See page 11)

6a [ ] Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2 ▶ No. of boxes checked on 6a and 6b: 0

b [ ] Spouse

c Dependents:

| (1) Name (first, initial, and last name) | (2) Chk if under age 1 | (3) If age 1 or older, dependent's social security number | (4) Dependent's relationship to you | (5) No. of mo. lived in your home in 1992 |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If more than six dependents see page 12

No. of your children on 6c who:
- lived with you
- didn't live with you due to divorce or separation (see page 13)

No. of other dependents on 6c

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ [ ]

e Total number of exemptions claimed ▶ Add numbers entered on lines above: 0

**Income**

Attach copy B of your Forms W-2, W-2G, and 1099-R here

If you did not get a W-2 see page 9

Attach check or money order on top of any Forms W-2, W-2G or 1099-R

| | | | |
|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 5,278. |
| 8a | Taxable interest income. Attach Schedule B if over $400 | 8a | |
| b | Tax-exempt interest income (see page 15). DO NOT include on line 8a: 8b | | |
| 9 | Dividend income. Attach Schedule B if over $400 | 9 | |
| 10 | Taxable refunds, credit, or offsets of state and local income taxes from worksheet on page 16 | 10 | |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 | Capital gain or (loss). Attach Schedule D | 13 | |
| 14 | Capital gain distributions not reported on line 13 (see page 16) | 14 | |
| 15 | Other gains or (losses). Attach Form 4797 | 15 | |
| 16a | Total IRA distributions: 16a; b Taxable amount (see page 16) | 16b | |
| 17a | Total pensions & annuities: 17a; b Taxable amount (see page 16) | 17b | |
| 18 | Rents, royalties, partnerships, estates and trusts, etc. Attach Schedule E | 18 | |
| 19 | Farm income or (loss). Attach Schedule F | 19 | |
| 20 | Unemployment compensation (see page 17) | 20 | |
| 21a | Social security benefits: 21a; b Taxable amount (see page 17) | 21b | |
| 22 | Other income | 22 | |
| 23 | Add the amounts in the far right column for lines 7 through 22. This is your **total income** ▶ | 23 | 5,278. |

**Adjustments to Income** (See page 18.)

| | | | |
|---|---|---|---|
| 24a | Your IRA deduction from applicable worksheet on page 19 or 20 | 24a | |
| b | Spouse's IRA deduction from applicable worksheet on page 19 or 20 | 24b | |
| 25 | One-half of self-employment tax (see page 20) | 25 | |
| 26 | Self-employed health insurance deduction (see page 20) | 26 | |
| 27 | Keogh retirement plan & self-employed SEP deduction | 27 | |
| 28 | Penalty on early withdrawal of savings | 28 | |
| 29 | Alimony paid Recipient's SSN ▶ | 29 | |
| 30 | Add lines 24a through 29. These are your **total adjustment** ▶ | 30 | |
| 31 | Subtract line 30 from line 23. This is your **adjusted gross income.** ▶ | 31 | 5,278. |

Adj. Gr. Income

TAXPAYER'S COPY

Form 1040 (1992) Paul D. Durbin 348-74-6256 Page 2

| | | | | |
|---|---|---|---|---|
| | 32 | Amount from line 31 (adjusted gross income) | 32 | 5,278. |
| **Tax Computation** | 33a | Check if: [ ] You were 65 or older, [ ] Blind; [ ] Spouse was 65 or older, [ ] Blind. Add the number of boxes checked above and enter the total here ▶ 33a | | |
| | b | If your parent (or someone else) can claim you as a dependent, check here ▶ 33b [X] | | |
| | c | If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 22 and check here ▶ 33c [ ] | | |
| (See page 22.) | 34 | Enter the larger of your Itemized deductions from Schedule A, line 29. OR Standard deduction shown below for your filing status. But if you checked any box on line 33a or b, go to page 22 to find your standard deduction. If you checked box 33c, your standard deduction is zero. • Single — $3,900 • Head of household — $5,250 • Married filing jointly or Qualifying widow(er) — $6,000 • Married filing separately — $3,000 | 34 | 3,600. |
| | 35 | Subtract line 34 from line 32 | 35 | 1,678. |
| | 36 | If line 32 is $78,950 or less, multiply $2,300 by the total number of exemptions claimed on line 6e. If line 32 is over $78,950, see the worksheet on page 23 for the amount to enter | 36 | 0. |
| If you want the IRS to figure your tax, see page 23 | 37 | Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0- | 37 | 1,678. |
| | 38 | Enter tax. Check if from a [X] Tax Table, b [ ] Tax Rate Schedules, c [ ] Schedule D, or d [ ] Form 8615 (see page 23). Amount, if any, from Form(s) 8814 ▶ e | 38 | 253. |
| | 39 | Additional taxes (see page 23). Check if from a [ ] Form 4970 b [ ] Form 4972 | 39 | |
| | 40 | Add lines 38 and 39 ▶ | 40 | 253. |
| **Credits** (See page 23.) | 41 | Credit for child and dependent care expenses. Attach Form 2441 — 41 | | |
| | 42 | Credit for the elderly or the disabled. Attach Schedule R — 42 | | |
| | 43 | Foreign tax credit. Attach Form 1116 — 43 | | |
| | 44 | Other credits (see page 24). Check if from a [ ] Form 3800 b [ ] Form 8396 c [ ] Form 8801 d [ ] Form — 44 | | |
| | 45 | Add lines 41 through 44 | 45 | |
| | 46 | Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- ▶ | 46 | 253. |
| **Other Taxes** | 47 | Self-employment tax. Attach Schedule SE. Also, see line 25 | 47 | |
| | 48 | Alternative minimum tax. Attach Form 6251 | 48 | |
| | 49 | Recapture taxes (see page 25). Check if from a [ ] Form 4255 b [ ] Form 8611 c [ ] Form 8828 | 49 | |
| | 50 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 50 | |
| | 51 | Tax on qualified retirement plans, including IRAs. Attach Form 5329 | 51 | |
| | 52 | Advance earned income credit payments from Form W-2 | 52 | |
| | 53 | Add lines 46 through 52. This is your total tax ▶ | 53 | 253. |
| **Payments** Attach Forms W-2, W-2G, and 1099-R to page 1. | 54 | Federal income tax withheld. If any is from Form(s) 1099, check ▶ [ ] — 54 589. | | |
| | 55 | 1992 estimated tax payments and amount applied from 1991 return — 55 | | |
| | 56 | Earned income credit. Attach Schedule EIC — 56 | | |
| | 57 | Amount paid with Form 4868 (extension request) — 57 | | |
| | 58 | Excess social security, Medicare, and RRTA tax withheld (see page 26) — 58 | | |
| | 59 | Other payments (see page 26). Check if from a [ ] Form 2439 b [ ] Form 4136 — 59 | | |
| | 60 | Add lines 54 through 59. These are your total payments ▶ | 60 | 589. |
| **Refund or Amount You Owe** Attach check or money order on top of Form(s) W-2, etc., on page 1. | 61 | If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID ▶ | 61 | 336. |
| | 62 | Amount of line 61 you want REFUNDED TO YOU ▶ | 62 | 336. |
| | 63 | Amount of line 61 you want APPLIED TO YOUR 1993 EST. TAX ▶ 63 0. | | |
| | 64 | If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1992 Form 1040" on it | 64 | |
| | 65 | Estimated tax penalty. Also include on line 64 — 65 | | |

**Sign Here** Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| Your signature | Date | Your occupation |
|---|---|---|
| | | Student |
| Spouse's signature. If joint return, BOTH must sign. | Date | Spouse's occupation |

**Paid Preparer's Use Only**

| Preparer's signature | Date | Check if self-employed | Preparer's social security no. |
|---|---|---|---|
| Francis L. Bayley | 04-03-93 | [X] | 146-28-8672 |
| Firm's name (or yours if self-employed) and address: Francis L. Bayley, Ph.D. 114 Seminole Drive Springfield, IL | E.I. No. | ZIP code 62704 | |

HSSS
21040—3/11-18-92

Supporting Schedules 1992

ame: Paul D. Durbin SSN: 348-74-6256

**********

orm 1040 - page 1
ine 7 - W-2 Information

| | | Wages | | | Taxes withheld | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ource | T/S | Gross | S.S. | Medi-care | Federal | S.S. | Medi-care | State | Local |
| eyl, Roys | T | 5200 | 5200 | 5200 | 588 | 322 | 75 | 148 | |
| edwin, In | T | 78 | 78 | 78 | 1 | 5 | 1 | 2 | |
| | | 5278 | 5278 | 5278 | 589 | 327 | 76 | 150 | |

**Illinois Individual Income Tax Return**

# 1992 IL-1040

or fiscal year ending 1993

Do not write above this line

Your first name and initial (Spouse's first name / joint last if different)

Your last name

Your Social Security number: 348-74-6256

Spouse's Social Security number

==========CAR-RT SORT ** CR9D
348-74-6256 O DURB
PAUL D DURBIN
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

City, town, or post office — State — ZIP

4-digit school code: 1055

Check one box: [X] Single or head of household [ ] Married filing jointly [ ] Married filing separately [ ] Widowed

See instructions before completing this section. If you are required to be claimed as a dependent on another person's return and your Illinois base income is greater than $1,000, you may no longer claim a basic exemption for yourself.

a(1) How many exemptions did you claim on your 1992 federal return? a(1) ____

a(2) If you are a dependent claimed on another person's return, see instructions. a(2) 0

b Check if in 1992 you were: [ ] 65 or over [ ] legally blind — Check if in 1992 your spouse was: [ ] 65 or over [ ] legally blind

Write on this line the number of boxes you checked in Step b above. b ____

If at least two thirds of your total gross income came from farming, check box. [ ]

c Total exemptions. Add lines a(1), a(2), and b. c ____

| | | | |
|---|---|---|---|
| 1 | Adjusted gross income (U.S. 1040, Line 31; U.S. 1040A, Line 18; or U.S. 1040EZ, Line 3) | 1 | 5,278. |
| 2 | Federally tax-exempt interest income (U.S. 1040 or 1040A, Line 8b) | 2 | |
| 3 | Other additions (See instructions and specify.) | 3 | |
| 4 | Total income. Add Lines 1, 2, and 3. | 4 | 5,278. |
| 5 | Federally taxed retirement and Social Security (Attach copy of U.S. 1040 or 1040A.) | 5 | |
| 6 | Military pay earned while a resident and included in Line 1 | 6 | |
| 7 | Illinois income tax refund included on U.S. 1040, Line 10 | 7 | |
| 8 | U.S. government obligations (If more than $400, attach copy of U.S. Schedule B.) | 8 | |
| 9 | Other subtractions (See instructions and specify.) | 9 | |
| 10 | Total subtractions. Add Lines 5, 6, 7, 8, and 9. Do not include out-of-state income | 10 | 0. |
| 11 | Base income. Subtract Line 10 from Line 4. | 11 | 5,278. |

Illinois residents continue to Line 12. Check if you were a nonresident ..... [ ] or part-year resident ..... [ ].
Attach Schedule NR and write amount from Schedule NR, Line 1 here: ____ Then skip to Line 14.

| | | | |
|---|---|---|---|
| 12 | Write total exemptions from Box c of Exemptions section above. ____ Multiply by $1000. | 12 | |
| 13 | Net income. Subtract Line 12 from Line 11. | 13 | 5,278. |
| 14 | Tax. Residents, multiply Line 13 by 3% (.03) or see tax table. Others, write Line 4 from Schedule NR. | 14 | 158. |
| 15 | Voluntary contributions. Your donation will reduce your refund or increase the amount you owe. | | |

IL Nongame Wildlife a) ____ Homeless Assistance d) ____
Child Abuse Prevention b) ____ Literacy Advancement e) ____
Alzheimer's Research c) ____ Total contributions 15 ____

| | | | |
|---|---|---|---|
| 16 | Total tax and contributions. Add Lines 14 and 15. | 16 | 158. |
| 17 | Illinois income tax withheld (Attach copy of all W-2's.) 17 150. | | |
| 18 | Estimated payments (IL-1040-ES, IL-505-I, and 1991 overpayment credit) 18 | | |
| 19 | Credit for tax paid to other states (Line 8 of attached Schedule CR) 19 | | |
| 20 | Credit for IL property tax from worksheet on page 2 [ ] 20 | | |
| 21 | Tax credits from attached Sch. 1299-C, Part VII, Line 11 Name of credit: 21 | | |
| 22 | Total payments and credits. Add Lines 17, 18, 19, 20, and 21. | 22 | 150. |
| 23 | Overpayment. If Line 22 is greater than Line 16, subtract Line 16 from Line 22. | 23 | |
| 24 | Amount of overpayment you want credited to your 1993 estimated tax. 24 | | |
| 25 | Amount of refund. Subtract Line 24 from Line 23. | 25 | |
| 26 | Amount you owe. If Line 16 is greater than Line 22, subtract Line 22 from Line 16. | 26 | 8. |
| 27 | If you completed IL-2210, write your penalty here. If you completed Part III of IL-2210, check box → [ ] | 27 | |
| 28 | Total amount due. Add Lines 26 and 27. | 28 | 8. |

TAXPAYER'S COPY

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct and complete.

Do not write in this box.

Sign here

Your signature — Date — Daytime phone number — Spouse's signature

Paid preparer's signature: Francis A Bayley — Date: 04-03-93 — Phone number: 217-787-7289 — Paid preparer's FEIN or SSN: 146-28-8672

→ If you use a tax preparer and do not wish to receive a booklet next year, check here. [ ] ←

Mail this return to: Illinois Department of Revenue, Springfield, IL 62719-0001

AP ____ DA ____ NR ME ZZ SE WS WA ZA RE NS MR DC ____ ____ ____ ____ ZU ____ ID ____

IL-1040(R) 11-20-93

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(9)

1993 MAY 17 PM 12:51

U.S. HOUSE OF REPRESENTATIVES

**HAND DELIVERED**

mc

(Office Use Only)

Thomas Chester Edwards
(Full Name)

328 Cannon Building
(Mailing Address)

202-225-6105
Daytime Telephone

Washington, DC 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State Texas District 11th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL**

Chet Edwards

**DATE (Month, Day, Year)**

MAY 13, 1993

Reporting Individual's Name
Thomas Chester Edwards

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | TSTC | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

Thomas Chester Edwards

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | None | | | |
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**Reporting Individual's Name**
Thomas Chester Edwards

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | X | | | | | | | X | | | | | | | | | X | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | X | | | | | | | | X | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| | Wright Patman Credit Union Accounts 2nd and D Street, Wash. DC | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Central National Bank Accounts P.O. Box 2525, Waco, TX | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| S | Community Bank 1808 Washington Ave., Waco, Tx | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| S | Wright Patman Credit Union Accounts 2nd and D Street, Wash., DC | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| S | Central National Bank Accounts P.O. Box 2525, Waco, Texas | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| S | Great American Reserve Insurance Retirement Account | | | | X | | | | | | | | | NA | | | | | | | | NA | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name
Thomas Chester Edwards

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | Employees Retirment System of Texas P.O. Box 13207, Austin, TX | | | X | | | | | | | | | | NONE | | | | | | | NONE | | | | | | | |

Page 5 of 9

Schedule III – Continuation

Reporting Individual's Name
Thomas Chester Edwards

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | None | | | | | | | | | | | |

Page 8 of 9

Schedule IV

Reporting Individual's Name
Thomas Chester Edwards

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St Dover, Del | | | | X | | | |
| | Team Bank, Dallas Texas | Loan (personal) | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| None | | |
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Use additional sheets if more space is required.

Reporting Individual's Name
Thomas Chester Edwards

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Danny Thompson Memorial Charity Golf Tournament | Aug.19-22 | Dallas-Sun Valley-Salt Lake | Y | Y | None | N |
| | Delta Airlines Congressional Charity Golf Challenge | Aug.23-26 | Salt Lake City-Dallas | Y | Y | None | N |
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Reporting Individual's Name

Thomas Chester Edwards

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| None | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| None | | |
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GPO: 1982 50-836A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(10)

1993 MAY 17 AM 11: 19

William Donlon Edwards
(Full Name)

2700 Virginia Ave., N.W. — 202-225-3072
(Mailing Address) — Daytime Telephone

Washington, D.C. 20037

| | | | |
|---|---|---|---|
| **Filer Status** | [x] Member of the U.S. House of Representatives — State: CA District: 16 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [x] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

HAND DELIVERED

(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | [x] | [ ] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | [ ] | [x] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | [x] | [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | [ ] | [x] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | [ ] | [x] |
| Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | [ ] | [x] |
| Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | [x] | [ ] |
| Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | [ ] | [x] |
| Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | [ ] | [x] |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | [ ] | [x] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | [ ] | [x] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** William Donlon Edwards

**DATE (Month, Day, Year)** May 15, 1993

Reporting Individual's Name: Don Edwards

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | | | |
| | Arms Control and Foreign Policy Caucus (wife) | Salary | $35,900 |
| | U.S. Senate (wife) | Salary | 5,000 |
| | U.S. House of Representatives (wife) | Salary | 1,100 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

Don Edwards

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | | | | |
| | none | | | |
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Reporting Individual's Name
Don Edwards

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT Examples: S ABC Corporation Stock | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| Examples: George Wash. Credit Union Accounts | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| Examples: 182 Main Street, Dover, Delaware | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| S Wright Patman Credit Union | | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| S Riggs National Bank | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| S Tri-Continental Corp. | | | | | | | X | | | | | X | | | | | | | | | | | | X | | | | | |
| S Dreyfus Money Market Fund | | | | X | | | | | | | | X | | | | | | | | | | | | | X | | | | |
| S Fiduciary Trust Co. Int'l (Inheritance) | | | | | | | | X | | | | X | | | | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Don Edwards

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | Clyda Guggenberg note | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| | Federal Credit Union | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | |
| | Tax Exempt Money Market Fund | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | |
| | Bank of America checking | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | |
| | Liberty Union High School Dist. | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | |
| | Industry Urban Dev. Agency | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | |
| | Whittier Health Rev. | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | |
| | SoCal Public Power Authority | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | |
| | Calif. State Bonds (11) | | | | | | | | | X | | | | | X | | | | | | | | | | | X | | |

Reporting Individual's Name
Don Edwards

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | California State Gov Ut | X | | | | | | | X | | | |
| | Liberty Union High School District | | | | | | | X | | | | |
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Schedule IV

Reporting Individual's Name: Don Edwards

## SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
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## SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of he or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

Don Edwards

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Received by spouse: | | | | | | |
| | Peace through Law Education Fund | Nov 11-21 | Wash., D.C. - Kiev, Ukraine - Moscow, Russia - Berlin - ~~Wash., D.C.~~ | Y | Y | self - but not paid for by organiz. | 3 days (Berlin) |
| | | | Round-trip air fare, food and lodging, in Ukraine and Russia | | | | |

This page may be copied if more space is required.

Reporting Individual's Name

Don Edwards

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
|---|---|
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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| | | |

GPO: 1982 86-636A (#4)

DON EDWARDS
10th District, California

Washington Office
(202) 225-3672

District Office
1042 West Hedding Street
Suite 160
San Jose, CA 95126
(408) 245-1711

Santa Cruz
(408) 423-9707

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1993 MAY 17 AM 11: 15
U.S. HOUSE OF REPRESENTATIVES

# Congress of the United States
## House of Representatives
Washington, DC 20515-0510

Vice Chairman
COMMITTEE ON THE JUDICIARY
Chairman
Judiciary Subcommittee on Civil and Constitutional Rights
Vice Chairman
COMMITTEE ON VETERANS' AFFAIRS
COMMITTEE ON FOREIGN AFFAIRS

May 17, 1993

HAND DELIVERED

The Honorable Donnald Anderson
Clerk
U.S. House of Representatives
HT-2 The Capitol

RE: Ethics Report for 1992

Dear Mr. Anderson:

I enclose my Financial Disclosure Statement for calendar year 1992.

Addressing line 1 of page 5, Clyda Guggenberger note, the note carries no interest and so Block C is not relevant.

Sincerely,

Don Edwards

Don Edwards
Member of Congress

DE:db
Enclosure

DON EDWARDS
16TH DISTRICT, CALIFORNIA

WASHINGTON OFFICE
(202) 225-3072

DISTRICT OFFICE
1042 WEST HEDDING STREET
SUITE 100
SAN JOSE, CA 95126
(408) 246-1711

SOUTH COUNTY
(408) 683-9207

INSIDE MAIL

Congress of the United States
House of Representatives
Washington, DC 20515-0516

VICE CHAIRMAN
COMMITTEE ON THE JUDICIARY

CHAIRMAN
JUDICIARY SUBCOMMITTEE ON CIVIL AND CONSTITUTIONAL RIGHTS

VICE CHAIRMAN
COMMITTEE ON VETERANS' AFFAIRS

COMMITTEE ON FOREIGN AFFAIRS

May 25, 1993

1993 JUL 20
U.S. HOUSE OF REPRESENTATIVES

MC

The Honorable Donnald K. Anderson
Clerk
U.S. House of Representatives
Office of Records and Registration
1036 Longworth HOB
Washington, DC 20515

RE: **Ethics Report for 1992**

Dear Don:

My report needs additions as follows:

1. **Schedule IV Transactions**
   City of Los Angeles Bond
   Sold March 3, 1992
   Amount of transaction -- G

2. **Schedule IV Transactions**
   Temecula California School District Bond
   Sold November 10, 1992
   Amount of transaction -- D

I regret my oversight in the above. Thank you for your assistance.

Sincerely,

Don Edwards

Don Edwards
Member of Congress

DE:db

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

MAY 17 1993

(8)

HAND DELIVERED

MC
(Office Use Only)

Norvell William Emerson
(Full Name)

2454 Rayburn Building
(Mailing Address)

(202) 225-4404
Daytime Telephone:

Washington, DC 20515

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives — State: Missouri, District: 8th | [ ] Officer or Employee | Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 8, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 8, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Bill Emerson / Norvell William Emerson

DATE (Month, Day, Year): May 15, 1993

Reporting Individual's Name
Norvell William Emerson

## SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | National Restaurant Association | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Norvell William Emerson

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| National Water Resources Association | Speech | March 27, 1992 | $1,000 |
| Tobacco Institute | Speech | May 5, 1992 | $1,000 |
| National Agricultural Chemicals Association | Speech | June 23, 1992 | $ 500 |
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Reporting Individual's Name
Norvell William Emerson

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Transaction (X) |
| S, DC, JT | Examples: | S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | |
| | 1310 Lexington, Cape Girardeau, MO | | | | | X | | | | | | | | X | | | | | | |
| | 1417 Amblewood, Cape Girardeau, MO | | X | | | | | | | | | | | X | | | | | | X |
| | 1417 Amblewood, Cape Girardeau, MO | | X | | | | | | | | | | | | | X | | | | X |
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| BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | | X | | | | | | | | |
| | | | | X | | | | | | |
| | | | X | | | | | | | |
| | | | X | | | | | | | |
| | | | | | X | | | | | |
| | | | X | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name
Norvell William Emerson

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | 1417 Amblewood, Cape Girardeau, MO | | X | | 8/19/92 | | | | X | | | |

Reporting Individual's Name
Norvell William Emerson

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Boatmen's Bank, Cape Girardeau, MO | Mortgage on 1417 Amblewood | | | X | | | | |
| | Mercantile Bank, Cape Girardeau, MO | Mortgage on 1310 Lexington | | X | | | | | |
| | Bank of Sikeston, Sikeston, MO | Home Equity Loan | | | X | | | | |
| | First Commercial Bank, Gideon, MO | Personal Loan | | X | | | | | |
| | | | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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**Use additional sheets if more space is required.**

Reporting Individual's Name
Norvell William Emerson

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | American Sugarbeet Growers Association | Jan. 26-27 1992 | St. Louis-Tampa-Washington DC | Y | Y | None | None |
| | Missouri Cattlemen's Association | Feb.15-16 1992 | St. Louis-Springfield, MO-St. Louis | Y | Y | None | None |
| | Continental Baking Corporation | Apr. 26-27 1992 | St. Louis-Indianapolis-Washington, DC | Y | Y | None | None |
| | Lower Mississippi Valley Flood Control Association | Dec. 10-13 1992 | No travel provided | Y | Y | None | None |
| | | | | | | | |
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Reporting Individual's Name
Norvell William Emerson

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
|---|---|
| Member, Board of Governors | Capitol Hill Club |
| | |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO 1983 50-836A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 AM 11: 56

Glenn Lee English, Jr.
(Full Name)

9500 Clarks Crossing Road Vienna, VA 22182 202-225-2265
(Mailing Address) Daytime Telephone

MC (6)

HAND DELIVERED
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: OK District: 6 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Glenn English

**DATE (Month, Day, Year)** 5-13-93

Reporting Individual's Name
Glenn Lee English, Jr.

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Jan English Interiors | spouse salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

Glenn Lee English, Jr.

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | Hopkins and Sutter | speech | Feb. 19, 1992 | $500 |

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**Reporting Individual's Name**
Glenn Lee English, Jr.

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

| BLOCK A Asset and/or Income Source | | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |
| | family farm (40 acres), Cordell, OK | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | family farms (30 acres), Sentinel, OK | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | minerals (30 acres), s.e. of Cordell, OK | | | | | | X | | | | | | | | | | | | | none | | | | | | | | | | | |
| | minerals (20 acres), w. of Clinton, OK | | | | | | X | | | | | | | | | | | | | none | | | | | | | | | | | |
| | minerals (20 acres), s.e. of Cordell, OK | | | | | | X | | | | | | | | | | | | | none | | | | | | | | | | | |
| | house and lot, Cordell, OK | | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Glenn Lee English, Jr.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | Cong. Federal Credit Union accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |

Page 5 of 6

Schedule III – Continuation

Reporting Individual's Name
Glenn Lee English, Jr.

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Nat'l Telephone Cooperative Assn. | Jan. 25-27 | Wash., DC-Orlando-Wash., DC | Y | Y | spouse | none |
| | Western Rural Telephone Assn. | March 16-17 | Wash., DC-Dallas-Wash., DC | Y | Y | none | none |
| | Southwestern Peanut Shellers Assn. | June27-28 | Wash., DC-Okla. City (outside of 6th dist.)-Wash.,DC | Y | Y | none | none |
| | Cong. Charity Golf Tournament | Nov. 6-8 | Wash., DC-White Sulpher Springs, W.Va-Wash., DC | Y | Y | spouse | none |
| | US Telephone Assn. | Nov. 12-15 | Wash., DC-Key West-Wash., DC | Y | Y | spouse | none |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 17 PM 2 15

Karan L. English
(Full Name)

3281 S. Walkup Drive
(Mailing Address)

Flagstaff, Arizona 86001

Daytime Telephone: 202-225-2190

**Filer Status**: [X] Member of the U.S. House of Representatives — State: Arizona District: 6 — [ ] Officer or Employee — Employing Office:

**Report Type**: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

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## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | X | |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | | X |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | X | |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | X | |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | X | |
| Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | | X |
| Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | | X |
| Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | X | |
| Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | X | |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | | X |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | X | |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL**: Karan L. English

**DATE (Month, Day, Year)**: 05/17/93

Reporting Individual's Name
Karan English

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | State Senate<br>State of Arizona | Legislative Salary | $13,555 |
| | Basha's Supermarket | Salary | $15,400 |
| | AZRA (Arizona Raft Adventures) | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

Karan English

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | NA | | | |
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**Reporting Individual's Name**

Karan English

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None"

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| S | IDS Growth Fund | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | X |
| S | First American Title | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| S | Arizona State Retirement Plan | won't know value till I retire at age 62 | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| S | Freedom Cash Mgt. | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| S | Intergin L.P. | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | Larson Davis | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Karan English

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Year End Value (X) | | | | | | | | | | Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | | | |
| S, DC, JT | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S | RJR Nabisco | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| S | Aura Systems | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | X |
| S | Con Agra | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | X |
| S | Glaxo Holdings | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | X |
| S | North Amer. Vaccine | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | X |
| S | Valley Systems | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| S | Arizona Raft Adventures | | | | | | | | X | | | X | | | | | | | | | X | | | | | | | | | |
| S | Westinghouse | | | X | | | | | | | | | | | X | | | Capital Loss | X | | | | | | | | | | | X |
| S | Messimer | | | X | | | | | | | | | | | X | | | Capital Loss | X | | | | | | | | | | | X |

Reporting Individual's Name
Karan English

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | N/A -- Advised that it is not necessary to file this form because | | | | | | | | | | | |
| | I did not hold Federal Office until January of 1993. | | | | | | | | | | | |

Reporting Individual's Name: Karan English

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del | | | | X | | | |
| S | Arizona Raft Adventures | Note Payable | | X | | | | | |
| S | Citibank-Redicredit | Personal Line of Credit | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| None | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

Karan English

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| None | | | | | | | |
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This page may be copied if more space is required.

| Reporting Individual's Name |
|---|
| Karan English |

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| On Schedule #1 | Arizona State Senate |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| On Schedule # | 1 Basha's Supermarket | (I resigned to take Federal Office) |
| | | |
| | | |
| | | |
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| | | |

GPO 1982 56-838A (m)

HAND DELIVERED

RECEIVED
OFFICE OF RECORDS & REGISTRATION
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OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

**Reporting Individual's Name**
Karan English ✓

MC (1)

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| S | IDS Growth Fund | | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | X |
| S | First American Title | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| S | Arizona State Retirement Plan | | won't know value till I retire at age 62 | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| S | Freedom Cast Mgt. | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| S | Intergin L.P. | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| S | Larson Davis | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | | |

**For additional assets and unearned income, use next page**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

[redacted]

Anna Georges Eshoo (Full Name)
40 Isabella Avenue (Mailing Address) (415) 323-2984-Office (Daytime Telephone)
Atherton, California 94027

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: CA District: 14 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

MC (5) (Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Anna G. Eshoo — DATE (Month, Day, Year): May 19 1993

Reporting Individual's Name
Anna Georges Eshoo

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | County of San Mateo, California 94063 Redwood City | Salary | $57,170.88 |
| | County of San Mateo, California 94063 Redwood City | Transportation Allowance | $5850.00 |
| | | | |
| | Bay Conservation & Development Commission, S.F., CA 94102 | Per Diem / Mileage | $719.28 |
| | Bay Area Air Quality Management District, S.F., CA 94109 | Per Diem / Mileage | $4051.62 |
| | Health Plan of San Mateo, San Mateo, CA 94404 | Per Diem | $900.00 |

For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Anna Georges Eshoo

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | Category of Amount of Income (X) | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | Over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | Over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | X | | | | | | | X | | | | | | | | X | | | | | | | |
| | The Hartford Group/Deferred Comp | | | | | | X | | | | | Comp Plan | | | | | | | | | | | | | | X | | | |
| | County of San Mateo/Retirement | | | | | X | | | | | | Retire Plan | | | | | | | | | | | | | X | | | | |
| | Great Western Bank/Checking | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Great Western Bank/Savings | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | San Mateo Credit Union | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name
Anna Georges Eshoo

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Weyerhaeuser Mortgage Co.L.A., CA 90054 | Mortgage on home @ 40 Isabella Atherton, CA 94027 | | | | X | | | |
| | Household Finance Co. Anaheim, CA 92850 | " " " " | | | | X | | | |
| | San Mateo Credit Union, Redwood City, CA 94063 | Loan for used auto for my son | X | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| None | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name
Anna Georges Eshoo

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
|---|---|
| Commissioner | Bay Conservation & Development Commission, San Francisco California |
| Director | Bay Area Air Quality Management District Board, San Francisco California |
| Commissioner | Health Plan of San Mateo, San Mateo California |
| County Supervisor | Member, San Mateo County Board of Supervisors, Redwood City California |
| | |
| | |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 14 PM 3:05

(5)

HAND DELIVERED

MC

(Office Use Only)

(Full Name) Lane A. Evans

(Mailing Address) 1516 - 37th Street
Rock Island, IL 61201

Daytime Telephone (202) 225-5905

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [x] Member of the U.S. House of Representatives | State Illinois District 17 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [x] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [x] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [x] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [x] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [x] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [x] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [x] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [x] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [x] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [x] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [x] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [x] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Lane A. Evans

**DATE (Month, Day, Year)** 5/13/1993

Reporting Individual's Name
Lane A. Evans

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | 2721 - 8½ Avenue, Rock Island, IL | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | 406 S. Capitol St., SE, Wash. DC | | | | | | | X | | | | | X | | | | | | | | | | | | X | | | | | |
| | Plow and Planter Employees Credit Union, IRA, Moline, IL | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Wright Patman Federal Credit Union Savings Accts. & IRA, Wash. DC | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
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For additional assets and unearned income, use next page

Reporting Individual's Name
Lane A. Evans

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Midland Mortgage Company, Dallas, TX | Mortgage on 406 S. Capitol St., SE | | | | x | | | |
| | Riggs Bank, Washington, DC | Mortgage on 406 S. Capitol St., SE | | x | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs Joseph H Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | NONE | |
| | | |
| | | |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name

Lane A. Evans

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Orion Pictures | Mar. 2-3 | Peoria, IL - New York - Washington, DC | Y | Y | None | N |

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| Reporting Individual's Name |
|---|
| Lane A. Evans |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Director | Illinois Public Action Council, Chicago, IL |
| Founder | Democrats 2000, Washington, DC |
| Director | Skills, Inc., Moline, IL |
| Director | Center for Mind-Body Studies, Washington, DC |
| | |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
| | | |
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GPO: 1992 60-636A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

MAY 12

R. Terry Everett
(Full Name)

208 Cannon Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone (202) 225-2901

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [XX] Member of the U.S. House of Representatives | State: AL District: 2nd | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [XX] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

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MC HAND DELIVERED
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [XX] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [XX] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [XX] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [XX] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [XX] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [XX] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [XX] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [XX] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [XX] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [XX] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [XX] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** R. Terry Everett

**DATE (Month, Day, Year)** May 12, 1993

Reporting Individual's Name

R. Terry Everett

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Union Springs Newspapers, Inc. | Salary | $20,800 |
| | Premium Homes, Inc. | Salary | $ -0- |

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

R. Terry Everett

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| None | | | |

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**Reporting Individual's Name**

R. Terry Everett

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples. | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | Merrill Lynch | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Merrill Lynch | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | |
| | Merrill Lynch U.S. Notes | | | | | | | | | | X | | | | | X | | | | | | | | | | | X | | | | |
| | Due From Everett For Congress | | | | | | | | | | | X | | | | X | | | | X | | | | | | | | | | | |
| | Notes Receivable On Real Estate | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | |
| | 100 Acre Farm | | | | | | | | | X | | | | X | | | | | | | | | | | X | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name

R. Terry Everett

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
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Reporting Individual's Name: R. Terry Everett

## SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del | | | | X | | | |
| | Central Bank, Dothan, AL | Line of Credit-Personal | | | | | | X | |
| | Altus Bank | Home Loan | X | | | | | | |
| | Charles Taylor | Farm Loan | | | | | X | | |
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## SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| None | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name: R. Terry Everett

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| None | | | | | | | |

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| Reporting Individual's Name |
| --- |
| R. Terry Everett |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
| --- | --- |
| Board Member | Dothan Federal Savings Bank |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
| | None | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO 1982 86-834A (m)

HAND DELIVERED

McDANIEL & ASSOCIATES, P.C.
Certified Public Accountants

E.B. McDaniel, JR., CPA (1940-1981)
Charles E. Maddox, CPA (AL)
James C. Ellis, CPA (AL)
George F. Price, CPA (AL & FL)
T. Leon Cheshire, CPA (AL)
R. Alan Palmer, CPA (AL)
Bruce C. Harrison, CPA (AL)
Bill Flowers, CPA (AL)
Rod A. Andrews, CPA (AL)

Paula L. Steele, CPA (AL)
Vicki M. Martin, CPA (AL)
Carol P. Morgan, CPA (AL)
Rebecca C. Harper, CPA (AL)
John M. Hamilton, CPA (FL)
Selinda B. McNab, CPA (AL)

MEMBERS
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
ALABAMA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
AND
PRIVATE COMPANIES PRACTICE SECTION OF THE AICPA

June 3, 1993

(2)

MC

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 JUN -8 PM 12:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Mr. Bernard Raimo
Chief Counsel
Committee on Standards of Official Conduct
Suite HT-2, The Capitol
Washington, D.C. 20615-6328

RE: Congressman Terry Everett
Financial Disclosure Statement
1992

Dear Sir:

Please find enclosed, in letter form, the corrections to Congressman Everett's 1992 Financial Disclosure Statement form.

We pray that this clears all the items you requested for this form.

If we can be of further assistance, please advise.

Sincerely yours,

MCDANIEL & ASSOCIATES, P.C.

G. Ross Kennedy
Staff Accountant

GRK/sfh
Enclosures

The enclosed information is true and correct to the best of my judgment and knowledge and belief.

R. Terry Everett
R. Terry Everett
Congressman for the
2nd District of Alabama

4 Northside Executive Park • Post Office Box 6356 • Dothan, Alabama 36302 • (205) 792-2153 • Fax (205) 793-1216
4425 Market Street • Post Office Box 5768 • Marianna, Florida 32446 • (904) 482-7333 • Fax (904) 482-3085

**CONGRESSMAN TERRY EVERETT**
**2ND DISTRICT OF ALABAMA**
**CORRECTIONS**
**FINANCIAL DISCLOSURE STATEMENT**
1992

Schedule III. Assets
Real Estate loans on Personal Residences as follows:

| Individual | Address | Amount | Rate |
|---|---|---|---|
| Phipps | Enterprise, AL | $100,093 | 9.25% |
| Faulk | Enterprise, AL | 56,507 | 10.00% |
| Klein | Enterprise, AL | 95,485 | 9.00% |
| Shelor | Panama City Bch, FL | 123,193 | 7.50% |
| | | $375,278 | |

* Please move valuation of asset to Column F, $250,000 to $500,000

Schedule III. "Unearned" Income

The type of income on the notes receivable is interest.

The category of amount is VI ($15,000 to $50,000)

Schedule V. Liabilities

Altus Bank of Dothan, Al - This bank was taken over by Magnolia Federal of Hattisburg, MS in May of 1993.

Charles Taylor is an individual and holds the note on Mr. Everett's farm. Mr. Taylor lives in Dothan, AL.

ADDITIONS:
Schedule III Assets and "Unearned" Income

Please add: 100% of the stock in Union Springs Newspaper, Inc., Union Springs, AL

The category of value is F ($250,000 to $500,000)

The category of Amount of income is - None.

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

OFFICE OF RECORDS AND ...
93 MAY 13 AM 10 10
OFFICE OF THE CLERK
U.S. HOUSE ...

(9)

MAY 7 1993
MC
(Office Use Only)

Thomas W. Ewing
(Full Name)

310 West Lincoln Street — (815) 844-7660
(Mailing Address) — Daytime Telephone

Pontiac, IL 61764

| | | | |
|---|---|---|---|
| **Filer Status** | [x] Member of the U.S. House of Representatives — State: Illinois District: 15th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [x] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [x] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [x] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [x] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [x] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [x] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [x] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [x] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [x] | No [ ] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [x] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [x] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [x] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6 § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL**
Thomas W. Ewing

**DATE (Month, Day, Year)**
May 7, 1993

Reporting Individual's Name
Thomas W. Ewing

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $8,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | State Farm Mutual Automobile Insurance Co. | spouse's salary | n/a |
| | Satter, Ewing, Beyer & Spires (deferred compensation for legal services performed prior to taking office in 1991) | deferred compensation | $12,624 |
| | State of Illinois (pension) | pension | $58,679 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

Thomas W. Ewing

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| Archer Daniels Midland (contribution given to The Children's Foundation) | remarks and appearance at meeting | 12/03/92 | $2,000 |

This page may be copied if more space is required.



Schedule II

Reporting Individual's Name
Thomas W. Ewing

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| | Pontiac National Bank-account Pontiac, IL | | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | |
| S | State Farm Credit Union Bloomington, IL | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| S | Bank One, Formerly Marine Bank Bloomington, IL | | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Principal Bank Corp Pontiac, IL | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Pontiac Bancorp, Inc. Pontiac, IL | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| S | Principal Bank Corp Pontiac, IL | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Thomas W. Ewing

| S, DC, JT | BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.) | BLOCK B Valuation of Asset: Year End Value (X) A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | Over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | Over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Lexington Bank Lexington, IL | | x | | | | | | | | | x | | | | | | | x | | | | | | | | | | |
| | State Bank of Graymont Graymont, IL | | x | | | | | | | | | x | | | | | | | | x | | | | | | | | | |
| | Ewing Bros. Farm, Logan Co., IL 1/3 int. in 120 acres in trust for adult children | | | | | x | | | | | | | x | | | | | | x | | | | | | | | | | |
| | S. Y. Ewing Trust Farm, McLean Co., IL 1/2 int. in 160 acres in trust for adult children | | | | | | x | | | | | | x | | | | | | x | | | | | | | | | | |
| | Odell Farm Trust 625 - 300 acres Livingston County, IL (gross income) | | | | | | | x | | | | | x | | | | | crop sales | | | | | | x | | | | | |
| | Newtown Farm - 92 acres Livingston County, IL (gross income) | | | | | | x | | | | | | x | | | | | crop sales | | | | | | x | | | | | |
| | Fairway View Subdivision, Livingston Co., IL 1/2 int. in 30 acres (gross income) | | | | | | | x | | | | | | | x | | | | | | | | | x | | | | | |
| | Fairway View Farm, Deerfield Rd., Pontiac, IL 1/2 int. in 30 acres (gross income) | | | | | x | | | | | | | | | | | | crop sales | | | | | x | | | | | | |
| | McLean Rental House McLean County, IL (gross income) | | | x | | | | | | | | | x | | | | | | | | | x | | | | | | | |
| JT | Residence - 310 W. Lincoln Street Pontiac, IL | | | | | | x | | | | | | | | | | | | x | | | | | | | | | | |
| JT | Vacation Share Condo Palm Springs, CA | | | | x | | | | | | | | | | | | | | x | | | | | | | | | | x |
| | Livingston County Broadcasters, Inc. 2 shares | | | x | | | | | | | | x | | | | | | | x | | | | | | | | | | |
| | State of Illinois Employees Deferred Compensation Plan | | | | x | | | | | | | | | | | | | | n/a | | | | | | | | | | |
| | Pontiac National Bank Thomas W. Ewing Profit Sharing Pension | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Plan Assets: Cash | | | x | | | | | | | | | | | | | | | | x | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Thomas W. Ewing

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S. DC. JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| Southwest Royalties Fund | | | x | | | | | | | | | | | | | | | | x | | | | | | | | | |
| Kemper Mutual Fund Gov't Portfolios | | | x | | | | | | | | | | | | | | | | x | | | | | | | | | |
| Illinois Power Co. stock | | | x | | | | | | | | | | | | | | | | x | | | | | | | | | |
| Principal National Bancorp stock | | | x | | | | | | | | | | | | | | | | x | | | | | | | | | |
| Waste Management, Inc. stock | | | x | | | | | | | | | | | | | | | | x | | | | | | | | | |
| State Farm Life Insurance Company Flexible Premium Annuity IRA | | | x | | | | | | | | | | | | | | | n/a | | | | | | | | | | |
| Notes from Ewing For Congress Committee | | | | x | | | | | | | | | | | | | | x | | | | | | | | | | |
| Lot 6, Gardner-Ewing Addition to Fairway View Subdivision, Pontiac, IL | | | | x | | | | | | | | | | | | | | x | | | | | | | | | | |
| NWNL Companies | x | | | | | | | | | | x | | | | | | | | x | | | | | | | | | |

Reporting Individual's Name
Thomas W. Ewing

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| JT | Vacation Share Condo, Palm Springs, CA | | x | | 04-07-92 | | x | | | | | |
| | Fairway View Farm (1/2 interest in 30 acres, Livingston County, IL) | x | | | 05-27-92 | | x | | | | | |
| | Lot 6, Gardner-Ewing Addition to Fairway View Subdivision, Pontiac, IL | x | | | 06-01-92 | | x | | | | | |

Reporting Individual's Name

Thomas W. Ewing

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Archer, Daniels, Midland round trip air fare (estimated cost: $250.00) | 12-03-92 | National Airport, Washington, D.C. to Decatur, IL Airport (round trip) | N | Y | None | n/a |

This page may be copied if more space is required.

Reporting Individual's Name
Thomas W. Ewing

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Director | Pontiac National Bank (uncompensated) |
| Director | Livingston County Broadcasters, Inc. (uncompensated) |
| | |
| | |
| | |
| | |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | State of Illinois Deferred Compensation Plan | No distribution until age 65. |
| | State of Illinois General Assembly Pension | Benefits currently being received - payable at age 55. |
| | Thomas W. Ewing Profit Sharing Pension | Owner of this plan does not currently qualify for any benefits under this plan. |
| | | |
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| | | |

GPO 1982 86-638A (pm)

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(Office Use Only)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

Thomas W. Ewing
(Full Name)

310 West Lincoln Street
(Mailing Address)

(815) 844-7660
Daytime Telephone

Pontiac, IL 61764

| | | | |
|---|---|---|---|
| **Filer Status** | [x] Member of the U.S. House of Representatives | State: Illinois District: 15th | [ ] Officer or Employee — Employing Office: |
| **Report Type** | [ ] Annual (May 15) | [x] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [x] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [x] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [x] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [x] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [x] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [x] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [x] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [x] | No [ ] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [x] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [x] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [x] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| Thomas W. Ewing | May 21, 1993 |

AMENDED

# SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

Reporting Individual's Name: Thomas W. Ewing

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| Source | Date(s) | Point of Departure–Destination(s)–Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Examples: Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.–Chicago–Wash., D.C. | N | Y | None | N |
| Examples: ABC Corporation | Aug. 6-13 | Wash., D.C.–Los Angeles–Cleveland | Y | Y | Spouse | 4 Days |
| Archer, Daniels, Midland round trip air fare (estimated cost: $250.00) | 12-03-92 | National Airport, Washington, D.C. to Decatur, IL Airport (round trip) | N | Y | None | n/a |
| Congressional Institute, Inc. Joint meeting between 100th & 102nd Class Conferences (Cost: $470.38) | 12-04-92 thru 12-06-92 | Washington, DC-Williamsburg, VA-Washington, DC | Y | Y | Spouse | no |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
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Eni F. H. Faleomavaega
(Full Name)

109 Cannon House Office Bldg.
(Mailing Address)

202-225-8577
Daytime Telephone

Washington, DC 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State AS District At Large | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

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## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** E. Faleomavaega

**DATE (Month, Day, Year)** May 12, 1993

Reporting Individual's Name
Eni F. H. Faleomavaega

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Continental Airlines | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

**Reporting Individual's Name**

Eni F. H. Faleomavaega

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None."

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | Over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX Over $100,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | X | | | | | | | | X | | | | | | | | X | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | X | | | | | | | | | X | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | X | | | | | | | X | | | | | | | | X | | | | | | |
| | IDS American Express (Account) Minneapolis, Minnesota | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | |
| | Amerika Samoa Bank (Accounts) Pago Pago, American Samoa | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page

| Reporting Individual's Name |
|---|
| Eni F. H. Faleomavaega |

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Wright Patman Congressional Credit Union Washington, DC 20515 | personal loan | X | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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**Use additional sheets if more space is required.**

Reporting Individual's Name

Eni F. H. Faleomavaega

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Delta Airlines, Inc. | Aug 23-25 | Wash.DC-Salt Lake City - Wash. DC | y | N | None | None |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

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(Office Use Only)

Harris W. Fawell
(Full Name)

444 S. Sleight Street
(Mailing Address)

Naperville, Illinois 60540

Daytime Telephone: 708-655-2052 (h) 202-225-3515 (w)

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: Illinois District: 13th | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** H.W. Fawell

**DATE (Month, Day, Year)** 5/13/93

Reporting Individual's Name
Harris W. Fawell

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | State of Illinois | Pension | $18,008 |
| | Century 21 All Stars (spouse - Real Estate Agent) | NA | NA |
| | State of Illinois Teacher Fund (spouse) | NA | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Harris W. Fawell

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | Allstate | Speech | May 4, 1992 | $2000.00 |
| | Sigma Xi, The Scientific Research Society | Speech | July 15, 1992 | $100.00 |
| | Downers Grove DAR | Speech | Nov. 11, 1992 | $15.00 |
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Reporting Individual's Name

Harris W. Fawell

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT Examples: S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | First Col. Bank of DuPage County Stock | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Lake Shore Bancorp Stock | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Harris Bank Naperville IRAs | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | RRB Bedford Money Market | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Harris Bank Naperville Money Market | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | 101 Washington Office Building (1/3 ownership) | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Harris W. Fawell

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| 121 Venture Office Building (1/3 ownership) | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | |
| Beaver Island, MI, real estate | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | |
| Nalco stock | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| Harris Bank Naperville Money Market (spouse, J/T with mother) | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | |
| Equitable Life Assurance Soc. (deferred inc.-retirement prgm) | | | | | | | | X | | | | | X | | | | | | | | | | X | | | | |
| Travelers Life Ins. (spouse retirement fund) deferred income | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | |
| Naperville Electric bond | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | |
| Baxter International | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| Caremark International | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |

Reporting Individual's Name: Harris W. Fawell

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Michigan Real Estate (paid off) | | x | | 8/1/92 | x | | | | | | |
| | Naperville Electric Bond | x | | | 12/2/92 | x | | | | | | |
| | Nalco Stock | x | | | 4/2/92 | x | | | | | | |
| | Baxter International (inherited from mother) | | | | 6/2/92 | x | | | | | | |
| | Caremark International (stock dividend from Baxter) | | | | 11/30/92 | x | | | | | | |

Reporting Individual's Name: Harris W. Fawell

## SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Harris Bank/Naperville | Mortgage on 121 Venture Office Building (1/3 ownership) | | | X | | | | |
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## SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name
Harris W. Fawell

## SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure – Destination(s) – Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C. – Chicago – Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C. – Los Angeles – Cleveland | Y | Y | Spouse | 4 Days |
| | NONE | | | | | | |
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Reporting Individual's Name
Harris W. Fawell

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Board Member | North Central College, Naperville, IL (not for profit corporation) |
| Board Member | Institute for Illinois (not for profit corporation) |
| Board Member | Wellness Community, Hinsdale, IL (not for profit corporation) |
| Board Member | The Illinois Coalition, Chicago, IL (not for profit corporation) |
| | |
| | |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
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GPO: 1992 86-835A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(10)

HAND DELIVERED
MC
(Office Use Only)

VICTOR H. FAZIO, JR.
(Full Name)

2113 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: (202) 225-5716

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: CA District: 3rd | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Victor H. Fazio Jr.

DATE (Month, Day, Year): 5/17/93

Reporting Individual's Name
VICTOR H. FAZIO, JR.

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Democratic Congressional Campaign Committee | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
VICTOR H. FAZIO, JR.

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | Connell Company | Speech | Jan. 24, 1992 | $ 2,000 |
| | Fannie Mae | Speech | Mar. 17, 1992 | 2,000 |
| | Industrial League of Orange County, CA | Speech | Apr 1, 1992 | 2,000 |
| | Wine Institute | Speech | May 6, 1992 | 1,000 |
| | National Restaurant Association | Speech | May 7, 1992 | 2,000 |

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Reporting Individual's Name
VICTOR H. FAZIO, JR.

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT — Examples: S — ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| 354 Bridge Pl., W.Sacramento,CA | | | | | X | | | | | | X | | | | | | | | | | | | X | | | | | |
| MLPFS CMA Fund (Money Market) | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| CA State Bonds | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| AFC Cherokee Housing Partners | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| LA County M.L. King Hospital Bonds | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Northern CA Public Power Agency Bonds | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: VICTOR H. FAZIO, JR.

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| Bakersfield, CA Redevelopment Agency Bonds | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| SEP/IRA MLPFS consisting of: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ML International Holdings | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| Comstock Prtnrs Strategy Fd. | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| American Capital Emerging Growth Fd. | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| ML Euro Fund | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| ML Special Value Fund | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| Baltimore Gas & Elect. | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| Delmarva Power & Light | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| U.S. Treas. Strips | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| Resolution Funding Corp. | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| ML High Quality Bond Fund | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | X |
| CD Coast Fed. Benk | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| CD Continental Bank | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| CD Glendale Fed | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: VICTOR H. FAZIO, JR.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | SEP/IRA continued: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | CD United Sav. | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | CD Homestead Sav. Fed. | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| S | IRA MLPFS consisting of: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ML SHT TRM GLBL | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Wisc. Power & Light | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | CD Citibank SD | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | CD Glendale Fed | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | CD United Sav. Assn. | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | CD Homestead Sav. Fed. | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | ML Basic Value Fund | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Ford Motor Credit Co Notes | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | ML International Holdings | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| | American Capital Emerging Growth Fd | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | X |
| | ML Growth Fund for Invest-Retire. | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | X |

Reporting Individual's Name
VICTOR H. FAZIO, JR.

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | SEP/IRA MLPFS - self - transactions: | | | | | | | | | | | |
| | ML International Holdings | X | | | 12/18/92 | X | | | | | | |
| | American Capitol Emerging Growth Fund | X | | | 12/21/92 | X | | | | | | |
| | ML High Quality Bond Fund | X | | | 6/17/92 | X | | | | | | |
| | Transamerica Fin. Corp - redemption | | X | | 12/1/92 | X | | | | | | |
| S | SEP/IRA MLPFS - spouse - transactions: | | | | | | | | | | | |
| | ML International Holdings | X | | | 12/18/92 | X | | | | | | |
| | American Capitol Emerging Growth Fund | X | | | 12/21/92 | X | | | | | | |
| | ML Growth Fund for Invest-Retire. | X | | | 1/7/92 | X | | | | | | |
| | Transamerica Fin. Corp - redemption | | X | | 12/1/92 | X | | | | | | |

Reporting Individual's Name
VICTOR H. FAZIO, JR.

## SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | San Francisco Federal Savings | Mortgage (354 Bridge Pl. W. Sacramento, CA) | | X | | | | | |
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## SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | NONE | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

VICTOR H. FAZIO, JR.

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | AFL/CIO | 1/12-1/13 | Sacramento-Palm Springs-DC | Y | Y | None | N |
| | Connell Company | 1/24-1/26 | DC-Newark-NY-DC | Y | Y | Spouse | N |
| | National Legislative Education Foundation | 11/9-11/10 | DC-Chicago-Atlanta-DC | Y | Y | None | N |
| | US Telephone Association | 11/11-11/15 | DC-Key West-DC | Y | Y | Spouse | N |
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Reporting Individual's Name
VICTOR H. FAZIO, JR.

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Director (uncompensated) | Junior Statesmen Foundation |
| Director (uncompensated) | Asthma and Allergy Foundation |
| Director (uncompensated) | National Italian American Foundation |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 28.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | None | |
| | | |
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GPO: 1982 [illegible]

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(5)

Cleo Fields
(Full Name)

5347 Hollywood
(Mailing Address)

Daytime Telephone

Baton Rouge, Louisiana 70805 (504) 225-8490

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: LA District: 4 | [ ] Officer or Employee | Employing Office. |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

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(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? N/A **If yes, Complete and Attach Schedule VI.** (not a Member of Congress in 1992) | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? N/A **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** N/A | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5/17/93

Reporting Individual's Name
Cleo Fields

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Louisiana State Senate, Baton Rouge, Louisiana | Salary | $26,400 |
| | Expressions International, Baton Rouge, Louisiana | Salary | $ 6,296 |
| | Louisiana Worker's Assistance Program, Baton Rouge, Louisiana | Spouse Salary | N/A |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

**Reporting Individual's Name**

Cleo Fields

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Premier Bank Accounts Baton Rouge, LA. | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | LA. Capital Credit Accounts Baton Rouge, LA. | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Premier Securities Baton Rouge, LA. | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | City National Bank Baton Rouge, LA. | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Life Savings Bank Stock Baton Rouge, LA. | | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | | |
| | 2525 77th Avenue, Baton Rouge, LA | | | | | | X | | | | | | X | | | | | | | | | | | | X | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Cleo Fields

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| 846 North Blvd., Baton Rouge, LA. (vacant lot) | | | | X | | | | | | | | | | | | | | X | | | | | | | | | |
| Cleo Fields For Congress (A/R) | | | | X | | | | | | | | | | | | | | X | | | | | | | | | |

Reporting Individual's Name
Cleo Fields

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Estella Lenoir, 3503 Sugarcrest, Apt. F Florissant, MO. 63033 | Mortgage on 2525 77th Ave. | | X | | | | | |
| | City National Bank, Baton Rouge, LA. | Personal Loan | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees.

(4)

1993 MAY 17 PM 3:55

JACK FIELDS
(Full Name)

2228 Rayburn Building — 202-225-4901
(Mailing Address) — Daytime Telephone

Washington, D.C. 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: TX District: 8 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [XX] Amendment | [ ] Termination | Termination Date: |

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MC
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

| | |
|---|---|
| **SIGNATURE OF REPORTING INDIVIDUAL** | **DATE (Month, Day, Year)** 5-17-93 |

Reporting Individual's Name

JACK FIELDS

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Rosewood Funeral Home, Inc. | Consulting Fees | $19,000 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
JACK FIELDS

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| U.S. Tobacco; Greenwich, CT | Charity tennis tournament participant | Jan. 2-4, 1992 | $1000. |
| National Association of Broadcasters; Wash. DC | Board meeting participant | Jan. 15-16, 1992 | $2000. |
| Tobacco Institute; Wash. DC | Legislative Conference participant | Jan. 17, 1992 | $2000. |
| National Association of Broadcasters; Wash. DC | Legislative Conference participant | Apr. 10-13, 1992 | $1000. |
| U.S. Telephone Association; Wash. DC | Legislative Conference participant | Apr. 23-26, 1992 | $1000. |
| Preston, Gates & Ellis; Wash. DC | Roundtable participant | May 7, 1992 | $1000. |
| Smokeless Tobacco Council; Wash. DC | Roundtable participant | May 14, 1992 | $1000. |
| Gas Distributors Exchange; Arlington VA | Roundtable participant | July 28, 1992 | $500. |
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Reporting Individual's Name

JACK FIELDS

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Transaction (X) |
| S, DC, JT | Examples. | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | |
| | Rosewood Memorial Park, Inc. Stock | | | | | | | | | X | | | | | | | | | NONE | |
| | Rosewood Funeral Home, Inc. Stock | | | | | | | | | X | | | X | | | | | | | |
| | One-half unit in limited partnership with Equipment Investors, II | | | | | | | X | | | | | | | | | | | NONE | |
| | Rosewood Memorial Park North, Inc. | | | | | | | | X | | | | | | | | | | NONE | |
| | 7711 Peacock, Humble, TX | | | | | X | | | | | | | | X | | | | | NONE | |

| BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 |
| | | X | | | | | | | |
| | | | | X | | | | | |
| | | | X | | | | | | |
| | | | | | | | | | |
| | | | | | | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | X | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JACK FIELDS

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | | Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | Transaction (X) |
| | Wright Patman Congressional Credit Union | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | One unit limited partnership with Hughey Oil Co.-1982 LTD, Leon County Texas (Formerly part of blind trust) | | | X | | | | | | | | | | | | | | ROYALTY | | | X | | | | | | | | |
| | One unit limited partnership with Hughey Oil Co.-Lacey Heirs, Leon County, Texas (Formerly part of blind trust) | | | X | | | | | | | | | | | | | | ROYALTY | | | X | | | | | | | | |
| | Rosewood Enterprises, Inc. | | | | X | | | | | | | | | | | | | NONE | | | | | | | | | | | |

Reporting Individual's Name
JACK FIELDS

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | NONE. | | | | | | | | | | | |

Reporting Individual's Name

JACK FIELDS

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Gibraltor Savings and Loan | Mortgage on 7711 Peacock, Humble TX | | X | | | | | |
| | First City Bank, Humble TX | Personal Loan | | X | | | | | |
| | First Interstate, Humble TX (Formerly Inter-first Bank) | Personal Loan | X | | | | | | |
| | Wright Patman Congressional Credit Union | Personal Loan | X | | | | | | |
| | SW Bank of Texas | Personal Loan | | X | | | | | |
| | | | | | | | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| None. | | |
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Use additional sheets if more space is required.

Reporting Individual's Name
JACK FIELDS

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Examples: Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| Examples: ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| Jack Africk Charity Pro-Am | Jan. 2-4 | Houston-W.Palm Beach-Houston | Y | Y | Spouse | No |
| Nat'l Assn of Broadcasters | Jan. 15-16 | (Airfare paid by Tobacco Inst.; see that entry) | Y | Y | Spouse | No |
| Tobacco Institute | Jan. 17 | Houston-Palm Springs-Houston | N | N | Spouse | No |
| Safari Club International | Jan. 23-24 | (Airfare paid personally) | Y | Y | Spouse | No |
| CBS, Inc. | Jan. 25-26 | Self:Reno-Minneapolis-Dallas<br>Spouse:Reno-Minn.-Houston | Y | Y | Spouse | No |
| Texas Farm Bureau | Jan. 27 | Dallas-Wash.DC | N | N | None | No |
| Texas Independent Producers and Royalty Owners (TIPRO) | Feb. 13 | Houston-Dallas-Houston | N | N | None | No |
| Nat'l Assn of Broadcasters | Apr. 10-13 | Houston-Las Vegas-Houston | Y | Y | Spouse | No |
| U.S. Telephone Assn | Apr. 23-27 | Houston-Orlando-Houston | Y | Y | Stepson:Josh | One day |
| CBS, Inc. | Aug. 7-10 | (Airfare paid personally) | Y | Y | Spouse | No |
| U.S. Telephone Assn | Nov. 12-13 | Houston to KeyWest | Y | Y | None | No |
| Amer. Assn of Railroads | Nov. 13-14 | KeyWest-W.Palm Beach-Wash. DC | Y | Y | None | No |
| AT&T | Nov. 19-20 | Wash.DC-Philadelphia-Houston | Y | Y | None | No |
| | | | | | | |

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Reporting Individual's Name
JACK FIELDS

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Vice President | Rosewood Memorial Park, Inc. |
| Vice President | Rosewood Funeral Home, Inc. |
| Vice President | Rosewood Enterprises, Inc. |
| Vice President | Rosewood Memorial Park North, Inc. |
| | |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| N/A | N/A | N/A |
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GPO: 1992 50-635A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

93 MAY 14 AM 8 28
U.S. HOUSE OF REPRESENTATIVES

POSTMARK ELIGIBLE
MC (6)
(Office Use Only)

BOB FILNER
(Full Name)

3133 CONNECTICUT AVE. #302
(Mailing Address)

WASHINGTON, DC 20008 (202) 225-8045
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: CA District: 50 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No N/A |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No N/A |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Bob Filner

DATE (Month, Day, Year): MAY 12, 1993

Reporting Individual's Name
BOB FILNER

## SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | CITY OF SAN DIEGO | SALARY | 57,944 |
| | COUNTY OF SAN DIEGO | SPOUSE SALARY | NA |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
BOB FILNER

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | Transaction (X) |
| S, DC, JT Examples: S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| CIPSCO, INC. (COMMON STOCK) | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| CITY OF SAN DIEGO RETIREMENT | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| CMA MONEY FUND | | | X | | | | | | | | | X | | | X | | | | | X | | | | | | | | | |
| GREENWICH PROPS (LIMITED PART) | | | X | | | | | | | | | | | X | X | | | | X | | | | | | | | | | |
| GUARDIAN MUTUAL FUND | | | X | | | | | | | | | X | | | X | | | | | X | | | | | | | | | |
| KU ENERGY CORP (COMMON STOCK) | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: BOB FILNER

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | | Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | Transaction (X) |
| ML CALIF MUNI BOND FUND | | | | X | | | | | | | | X | | | X | | | | | | X | | | | | | | |
| ML TECHNOLOGY VENTURES (LP) | | | X | | | | | | | | | | | X | X | | | | | X | | | | | | | | |
| NAT'L HEALTH INSUR. CO. (INS) | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| NUVEEN CA TAX-FREE FUND | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| NUVEEN TAX EXEMPT UNIT TRUST | | | | | | | X | | | | | | | X | X | | | | | | | | | X | | | | |
| NYCAL CORP (CS) | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| OCTUS, INC. (PREF STOCK) | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| PACIFIC ENTERPRISES (CS) | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| PANATECH R & D CORP (CS) | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| PUBLIC EMPLOYEES RET SYSTEM | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| SAN DIEGANS FOR BOB FILNER (CAMP) | | | | | X | | | | | | | | (N/A) | | | | | | X | | | | | | | | | |
| ST CALIF BAY AREA RTD (GOV) | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| TRAVELERS INSURANCE (INS) | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| USE CREDIT UNION | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| WELLS FARGO CHECKING | | | X | | | | | | | | | | (N/A) | | | | | | X | | | | | | | | | |

Reporting Individual's Name
BOB FILNER

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | PACIFIC ENTERPRISES COMMON STOCK | | X | | 2-6-92 | X | | | | | | |



Schedule IV

Reporting Individual's Name
BOB FILNER

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del | | | | X | | | |
| | SAN DIEGO NATIONAL BANK | PERSONAL LOAN | | | | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | NA | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(3)

RECEIVED
1993 MAY 17 AM 11:56
CLERK, U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

ERIC D. FINGERHUT
(Full Name)

6809 MAYFIELD RD #1266
(Mailing Address)

202-225-5731
Daytime Telephone

MAYFIELD HTS. OHIO 44124

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: OHIO District: 19 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Eric Fingerhut

DATE (Month, Day, Year): 5-17-93

Reporting Individual's Name
ERIC D. FINGERHUT

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | HAHN, LOESER & PARKS - LAW FIRM CLEVELAND OHIO | ATTORNEY SALARY LEGAL SERVICES | 6925 |
| | STATE OF OHIO - OHIO SENATE COLUMBUS, OHIO | SALARY STATE SENATOR | 46036 |

For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
MR. D FINGERHUT

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| | | | OHIO PUBLIC EMPLOYEE RETIREMENT COLUMBUS OHIO | | | X | | | | | | | | | | | | | N/A | | | | | | | | | | |
| | | | OHIO SAVINGS - SAVINGS A/C CLEVELAND OHIO | | | X | | | | | | | | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page



Schedule III

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(Office Use Only)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RAMILTON FISH, JR.
(Full Name)

2354 RAYBURN HOUSE OFFICE BUILDING, WASHINGTON DC 20515 (202)225-5441
(Mailing Address) Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: New York District: 21 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | X | |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | | X |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | X | |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | X | |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | X | |
| Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | | X |
| Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | X | |
| Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | X | |
| Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | | X |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | | X |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | | X |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Hamilton Fish

**DATE (Month, Day, Year)** May 12, 1993



992

Reporting Individual's Name
FISH

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | US House of Representatives | Salary | |
| | US Department of Commerce | Spouse Salary | |
| | Estate of Hamilton Fish(father) | Executor Fee | $22,879.00 |
| | First Fin Services Bank | Spouse Pension | |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

FISH

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT — Examples: S — ABC Corporation Stock | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| George Wash. Credit Union Accounts | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| 182 Main Street, Dover, Delaware | | | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| Knickerbocker Realty | | | | | | | | X | | | | X | | | | | | Limited Ptnrshp | | | | | | X | | | | | |
| Congressional FCU | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| Arvida/JMB Partners II LP 89 | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | |
| Arvida/JMB Partners LP87 | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| Equity Income Fund | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | X |
| Nipsco Industries Inc | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | X |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: FISH

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | Genl Publ Utilities | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Entergy Corp | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | PSI Resources Inc | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | DQE | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| | Long Island Lighting | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| | Nthn States Pwr Minn | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Scecorp | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| | Teco Energy Inc | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Wisconsin Energy Corp | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| | Duke Power Corp | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Potomac Electric Pwr Com | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| | Texaco Capital Corp | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Anheuser Busch Cos Inc | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | General Electric Capital | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | General Motors Accep CP | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: FISH

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | S, DC, JT | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| GTE Corporation | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| Dupont El DeNemours & Co | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| Illinois Power Co | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Niagra Mohawk Pwr | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| General Motors Corp Dev | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| ML Lee Aquisition Fund II LP 89 | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| JMB Income Properties LTD XII LP 85 | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| ML Lee Aquisition Fund, LP 87 | | | | X | | | | | | | | X | | X | | | | | | | X | | | | | | | | |
| ML CMA Money Funds | | | | | X | | | | | | | X | | | | X | | | | | X | | | | | | | | |
| Bristol Myers Squibb | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | X |
| American Home Products | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Mobil Corp Del | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | |
| Florida Progress Corp | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| Telecom CNW ZLND SPNADR | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | X |
| Goulds Pumps Inc | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | X |

Reporting Individual's Name: FISH

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | Jacobs Engn Grp Inc Dela | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | X |
| | Medco Containment Svs | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | X |
| | Waste Management Inc | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | X |
| | Wheelabratr Tech | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | X |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | Dept. of Commerce FCU | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| S | Hudson City Savings Bank | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| S | Key Bank, NA | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| S | First American IRA | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| S | US Savings Bond | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| S | House, Barn, Rental House, 100 Acres, Livingston, NY | | | | | | | | X | | | | X | | | | | | | | | | | X | | | | | |
| S | Alliance IRA | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | X |
| S | Alliance Government Reserves | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | X |
| S | First Investors Income Fund | | | | X | | | | | | | X | | | X | | | | | | | X | | | | | | | X |
| S | WSW Aggressive Growth IRA | | | X | | | | | | | | X | | | X | | | | | | | X | | | | | | | X |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: FISH

| S, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset: Year End Value (X) A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S | WSW Aggressive Growth | | | | X | | | | | | | X | | | X | | | | | | | | X | | | | | | X |
| S | WSW Aggressive Growth(reinvested) | | | X | | | | | | | | X | | | X | | | | | | | X | | | | | | | X |
| S | Oppenheimer & Co., Inc. | | X | | | | | | | | | X | | X | | | | | | X | | | | | | | | | X |

You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.

Reporting Individual's Name
FISH

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Telecom C NW ZLND SPNADR | X | | | 1-15-92 | X | | | | | | |
| | Nipsco Industries Inc | | X | | 1-15-92 | X | | | | | | |
| | Genl Motors Corp Dev | | X | | 3-3-92 | X | | | | | | |
| | Florida Progress Corp | X | | | 5-21-92 | X | | | | | | |
| | Bristol Myers Squibb Co | | X | | 12-3-92 | | X | | | | | |
| | DQE | | X | | 12-3-92 | X | | | | | | |
| | Long Island Lighting | | X | | 12-3-92 | X | | | | | | |
| | Potomac Elec Pwr Com | | X | | 12-3-92 | X | | | | | | |
| | Scecorp | | X | | 12-3-92 | X | | | | | | |
| | Telecom C NW ZLND SPNADR | | X | | 12-3-92 | X | | | | | | |
| | Equity Income Fund | | X | | 12-3-92 | X | | | | | | |
| | Goulds Pumps Inc | X | | | 12-3-92 | X | | | | | | |
| | Jacobs Engn Grp Inc Dela | X | | | 12-3-92 | | X | | | | | |
| | Medco Containment Svcs | X | | | 12-3-92 | X | | | | | | |
| | Waste Management Inc | X | | | 12-3-92 | X | | | | | | |
| | Wheelabratr Tech | X | | | 12-3-92 | | X | | | | | |
| S | Oppenheimer & Co., Inc | | X | | 1-15-92 | | X | | | | | |

Reporting Individual's Name

FISH

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| S | First Investors Income Fund | | X | | 10-1-92 | | X | | | | | |
| S | WSW Aggressive Growth Fund | X | | | 7-13-92 | | X | | | | | |
| S | WSW Aggressive Growth Fund | X | | | 10-19-92 | | X | | | | | |
| S | Alliance Money Reserves IRA | X | | | 10-19-92 | | X | | | | | |
| S | Alliance Government Reserves | X | | | 10-19-92 | | X | | | | | |
| S | WSW Aggressive Growth Fund IRA | X | | | 12-18-92 | | X | | | | | |
| S | WSW Aggressive Growth Fund(Reinvested Shares) | X | | | 12-18-92 | X | | | | | | |

Reporting Individual's Name
FISH

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| S | Key Bank, NA | Mortgage on Rental House Livingston, NY | | X | | | | | |
| | | | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| None | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

FISH

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Aspen Institute - Conf. on US/Soviet, E.European Rel. | 1/11-20 | Wash., DC - Jamaica - Wash., DC | Y | Y | Spouse | 5 Days |
| | Nat'l Conf. on State-Federal Judicial Relationships | 4/10-12 | Wash., DC - Orlando,FL - Wash., DC | Y | Y | Spouse | N |

This page may be copied if more space is required.

| Reporting Individual's Name |
| --- |
| FISH |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
| Trustee | Alice Desmond and Hamilton Fish Library |
| Limited Partnership | Knickerbocher Realty |
| Director | Board of the NYS Martin Luther King Institute for Non-Violence |
| | |
| | |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
| | None | |
| | | |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

Thomas M. Foglietta
(Full Name)

Hopkins House, Apt 3003, 6th & Washington Square (215)925-6840
(Mailing Address) Daytime Telephone

Philadelphia, Pennsylvania 19106

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: Pa District: 1 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Thomas M. Foglietta

**DATE (Month, Day, Year)** May 6th 1993

1004

Reporting Individual's Name
Thomas M. Foglietta

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | City of Philadelphia | Pension | 10,457 |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name: Thomas M. Foglietta

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse; or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT — Examples: S — ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| Interest-Personal Savings Accounts on Deposit at Continental Bank | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| Shearson Lehman Bros. | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Sales of Securities- Capital Gain | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 sh Waste Management, Inc. | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| 200 sh Cyprus Minerals Co. | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| 300 sh Humana Inc. | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next ...

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Thomas M. Foglietta

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| 300 Sh. Acuson Corp. | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| 300 Sh. Federated Dept. Stores | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | |
| 275 Sh. Computer Vision Corp. | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| Gross Rental Income - 721 Fitzwater St., Phila., Pa. | | | | | | X | | | | | | X | | | | | | | | | | | | X | | | |
| Gross Rental Income - 480 W. Shore Dr. Brigantine, NJ | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | |
| Gross Rental Income - 708 Clymer St. Phila., Pa. | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | |
| 200 Sh. Philip Morris Cos., Inc. | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| 150 Sh. Philip Morris Cos., Inc. | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| 150 Sh. Freeport McMoran Resource | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Ground Lots - Kidder Township, Lake Harmony, Pa. | | | | | | X | | | | | | | | | | | | | | | | | | | | | |
| 210 Assoc., Real Estate Partnership | | | | | | X | | | | | | | | | | | | | | | | | | | | | |

Reporting Individual's Name
Thomas M. Foglietta

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Acuson Corp. - Common Stock | | X | | 12-18-92 | X | | | | | | |
| | Waste Management Inc. | | X | | 2-04-92 | X | | | | | | |
| | Cyprus Minerals Co. | | X | | 7-06-92 | X | | | | | | |
| | Humana Inc. | | X | | 12-18-92 | X | | | | | | |
| | Federated Dept. Stores Inc. New | X<br>X | | | 5-20-92<br>8-06-92 | X<br>X | | | | | | |
| | Computervision Corp. New | X<br>X | | | 8-14-92<br>12-18-92 | X<br>X | | | | | | |
| | Freeport McMaran Resource Partners L P Depositary Units | X | | | 2-04-92 | X | | | | | | |
| | Philip Morris Cos., Inc. | X | | | 12-18-92 | X | | | | | | |

Reporting Individual's Name
Thomas M. Foglietta

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependant child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del | | | | X | | | |
| | Continental Bank | Mortgage on 721 Fitzwater St., Phila., Pa. | | | | X | | | |
| | Continental Bank | Mortgage on 480 W. Shore Dr., Brigantine, NJ | | | | X | | | |
| | Shearson Lehman Bros. | Margin Account | | X | | | | | |
| | Jefferson Bank | Personal Loan | | X | | | | | |
| | | | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| None | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name
Thomas M. Foglietta

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Speech-Chamber of Commerce City of Caserta, Italy | April 13-14 | Round Trip Air Phila., Pa.-Caserta, Italy-Phila. | Y | Y | None | 2 Days |
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| Reporting Individual's Name |
|---|
| Thomas M. Foglietta |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Partner | 210 Associates (Rental Property) |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | None | |
| | | |
| | | |
| | | |
| | | |

GPO: 1983 68-835A (m)

THOMAS M. FOGLIETTA
1ST DISTRICT, PENNSYLVANIA

COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON TRANSPORTATION
SUBCOMMITTEE ON MILITARY CONSTRUCTION
RANKING MEMBER

CONGRESSIONAL URBAN CAUCUS,
CHAIRMAN

**Congress of the United States**
**House of Representatives**
**Washington, D.C.**

PLEASE RESPOND TO:
☐ 341 CANNON BLDG
WASHINGTON, D.C. 20515-3801
(202) 225-4731

☐ WILLIAM J. GREEN BUILDING
SIXTH AND ARCH STREETS
ROOM 10402
PHILADELPHIA, PENNSYLVANIA 19106-1638
(215) 925-6840

ANTHONY GREEN
ADMINISTRATIVE ASSISTANT-COUNSEL

May 20, 1993

(1)

INSIDE MAIL

MC

Honorable Donnald Anderson
Clerk of the House
Office of Records and Registration
1036 Longworth House Office Building
Washington, DC 20515-6612

Dear Donn:

I wish to amend my 1992 Financial Disclosure Statement to respond to the following errors in the statement:

- Because it is confusing, kindly delete lines 2 and 3 of page 3. This was merely was a caption which describes holdings and transactions of securities fully disclosed thereafter as part of a Shearson Lehman Brothers portfolio.

- Relating to the shares of Philip Morris stock on page 4, there was no income from the second block of shares and dividend income in the amount of $201-$1000 from the first block. On the Freeport McMoran Resource stock, also referred to on page 4, there was no income.

- Relating to the holdings of real estate on page 4 ("2 Ground Lots - Kidder Township, Lake Harmony, Pa.," and "210 Assoc., Real Estate Partnership"), there was no income from these properties. The property held by 210 Associates is located at 210 N. 13th Street in Philadelphia, Pennsylvania.

As you can see, these omissions were purely inadvertent. Attached you will find two copies of this letter. I thank you for your assistance and the assistance of your staff in this matter.

Sincerely,

THOMAS M. FOGLIETTA
Member of Congress

TMF/ag

93 MAY 21 AM 7:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPS

THIS STATIONERY PRINTED ON PAPER MADE WITH RECYCLED FIBERS

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

MAY 17

THOMAS S. FOLEY
(Full Name)

1201 Longworth House Office Building — 202 225-5604
(Mailing Address) — Daytime Telephone

Washington, D.C. 20515

| | | | |
|---|---|---|---|
| **Filer Status** | [x] Member of the U.S. House of Representatives — State: WA District: Fifth | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [x] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

HAND DELIVERED
(Office Use Only)

23

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (*See* 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Thomas S. Foley

**DATE (Month, Day, Year)** May 17, 1993

Reporting Individual's Name
THOMAS S. FOLEY

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| NONE | | | |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
THOMAS S. FOLEY

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| NONE | | | | |
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Reporting Individual's Name

THOMAS S. FOLEY

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used: if an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |
| | SEE ATTACHED SHEETS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**For additional assets and unearned income, use next page**

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: THOMAS S. FOLEY

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | SEE ATTACHED SHEETS | | | | | | | | | | | | | | | | | | | | | | | | | | |

Reporting Individual's Name

THOMAS S. FOLEY

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | SEE ATTACHED SHEETS | | | | | | | | | | | |

Schedule IV

Reporting Individual's Name

THOMAS S. FOLEY

## SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | SEE ATTACHED SHEET | | | | | | | | |
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## SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | NONE | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

Reporting Individual's Name
THOMAS S. FOLEY

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| SEE ATTACHED SHEET | | | | | | | |
| | | | | | | | |
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| Reporting Individual's Name |
|---|
| THOMAS S. FOLEY |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
|---|---|
| | SEE ATTACHED SHEET |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO: 1992 59-635A (m)

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1992

Thomas S. Foley
1201 Longworth House Office Building
Washington, D.C. 20515

Member of the House of Representatives District 5, State of WA

II. and III. - ASSETS AND "UNEARNED" INCOME

| ASSET and/or INCOME SOURCE | VALUATION | INCOME |
|---|---|---|
| U.S. Bank checking acct./savings (interest) | C | II |
| Trust of Helen M. Foley * (income from trust) | F | VII |
| Federated Automated Govt. Money Trust (int.) | B | II |
| Account Management Corp. (see attached schedules for itemization of assets and transactions. | C | VII |
| Wright Patman Fed. Credit Union (IRA dividends) | C | II |
| Federal Retirement Thrift Investment Board (government investment fund, interest) | C | III |
| U.S. Bank checking account | C | |
| 445 S.H. Solomons, Inc. | A | |

Ethics In Government Act - Financial Disclosure Statement for 1992

Thomas S. Foley
1201 Longworth House Office Building
Washington, D.C. 20515

II. and III. - ASSETS AND "UNEARNED" INCOME

* This is the value of the Trust after all of the bequests of my mother's will were fulfilled. I am entitled pursuant to the Trust to receive one-half of the income from the trust until I die; at which time the trust will be distributed according to the wishes of my mother's will. Accordingly, I have only listed one-half of the Trust.

One-Half of the Assets of the Helen M. Foley Trust

| | |
|---|---|
| 9 shares of Farmers Union Grain Co. | C |
| 115 shares of Bell Atlantic | B |
| 123 shares of NYNEX | B |
| 170.5 shares of American Telephone & Telegraph Co. | B |
| 1/2 share of Central | A |
| 1/10 int. in C.P. Higgins, a joint venture | D |
| 37.5 units in Higgins & Assoc., a Washington general partnership | D |
| Cash, Washington Trust Bank | D |
| Cash, Seattle First | C |

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1992

# VALUATION OF INVESTMENTS

II. and III. ASSETS AND UNEARNED INCOME

ACCOUNT MANAGEMENT CORPORATION

THOMAS S. FOLEY, M.C.
1201 Longworth H.O.B.
Washington, D.C. 20515

BD0225 FOLEY THOMAS S. DECEMBER 31, 1992 

| SHARES/PAR | DESCRIPTION | 12/31/92 MARKET VALUE |
|---|---|---|
| | COMMON STOCKS | |
| | ELECTRONICS-SERVICES/SOFTWARE | |
| 200 | COMPUWARE CORP COM | 5,150 |
| | TOTAL ELECTRONICS-SERVICES/SOFTWARE | 5,150 |
| | BEVERAGES | |
| 100 | SNAPPLE BEVERAGE CORP COM | 3,550 |
| | TOTAL BEVERAGES | 3,550 |
| | ELECTRONICS - COMPONENTS/SEMICONDUCTORS | |
| 2,700 | SUPERTEX INC COM | 9,113 |
| | TOTAL ELECTRONICS - COMPONENTS/SEMICONDUCTORS | 9,113 |
| | TOTAL COMMON STOCKS | 17,813 |
| | CASH EQUIVALENTS | |
| | FUNDS | |
| | MONEY MARKET FUNDS | |
| 2,111.53 | FEDERATED AUTO GOVT MONEY TRUST | 2,112 |
| | TOTAL FUNDS | 2,112 |
| | | 2,112 |

# STATEMENT OF TRANSACTIONS

THOMAS S. FOLEY, M.C.
1201 Longworth H.O.B.
Washington, D.C. 20515

ACCOUNT MANAGEMENT CORPORATION

ACCOUNT BD0225 FOLEY THOMAS S. 

*INCOME ASSETS SOLD*

| | | | |
|---|---|---|---|
| 3/02/92 | 115.46 | FEDERATED AUTO GOVT MONEY TR INV INC<br>SOLD AT 100 | 115.46 |
| 4/01/92 | 109.99 | FEDERATED AUTO GOVT MONEY TR INV INC<br>SOLD AT 100 | 109.99 |

*INCOME ASSETS PURCHASED*

| | | | |
|---|---|---|---|
| 2/04/92 | 115.46 | FEDERATED AUTO GOVT MONEY TR INV INC<br>BOT AT 100 | 115.46- |
| 3/03/92 | 109.99 | FEDERATED AUTO GOVT MONEY TR INV INC<br>BOT AT 100 | 109.99- |

# STATEMENT OF TRANSACTIONS

ETHICS IN GOVERNMENT ACT FINANCIAL STATEMENT
FOR 1992
PART IV - TRANSACTIONS
ACCOUNT MANAGEMENT CORPORATION

THOMAS S. FOLEY, M.C.
1201 Longworth H.O.B.
Washington, D.C. 20515

ACCOUNT BD0225 FOLEY THOMAS S.



*INVESTMENTS SOLD AND MATURED*

| | | | |
|---|---|---|---|
| 1/14/92 | 225.00 | FEDERATED AUTO GOVT MONEY TRUST<br>SOLD AT 100 | 225.00 |
| 1/15/92 | 5,000SH | SUPERTEX INC COM<br>SOLD AT 4.75 | 23,750.00 |
| 1/17/92 | 20,000.00 | FEDERATED AUTO GOVT MONEY TRUST<br>SOLD AT 100 | 20,000.00 |
| 1/27/92 | 500SH | AMYLIN PHARMACEUTICALS INC<br>SOLD AT 21 | 10,500.00 |
| 1/28/92 | 10,000.00 | FEDERATED AUTO GOVT MONEY TRUST<br>SOLD AT 100 | 10,000.00 |

# STATEMENT OF TRANSACTIONS

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1992
PART IV - TRANSACTIONS

THOMAS S. FOLEY, M.C.
1201 Longworth H.O.B.
Washington, D.C. 20515

ACCOUNT MANAGEMENT CORPORATION

ACCOUNT BD0225 FOLEY THOMAS S. PAGE 4

| | | | |
|---|---|---|---|
| 1/30/92 | 16,000.00 | FEDERATED AUTO GOVT MONEY TRUST<br>SOLD AT 100 | 16,000.00 |
| 2/03/92 | 1,000SH | PHYCOR INC<br>SOLD AT 17 | 17,000.00 |
| 2/05/92 | 10,000.00 | FEDERATED AUTO GOVT MONEY TRUST<br>SOLD AT 100 | 10,000.00 |
| 2/05/92 | 2,000SH | SUPERTEX INC COM<br>SOLD AT 6.875 | 13,750.00 |
| 2/10/92 | 14,250.00 | FEDERATED AUTO GOVT MONEY TRUST<br>SOLD AT 100 | 14,250.00 |
| 2/12/92 | 750SH | SCOTTS CO<br>CL A<br>SOLD AT 22.0576 | 16,543.20 |
| 2/20/92 | 2,000SH | INTERNATIONAL JENSEN INC<br>SOLD AT 12.75 | 25,500.00 |
| 2/28/92 | 10,000.00 | FEDERATED AUTO GOVT MONEY TRUST<br>SOLD AT 100 | 10,000.00 |
| 3/03/92 | 22,500.00 | FEDERATED AUTO GOVT MONEY TRUST<br>SOLD AT 100 | 22,500.00 |
| 3/03/92 | 1,000SH | SCHOLASTIC CORP<br>SOLD AT 26.5 | 26,500.00 |
| 3/12/92 | 16,750.00 | FEDERATED AUTO GOVT MONEY TRUST<br>SOLD AT 100 | 16,750.00 |
| 3/12/92 | 2,000SH | GIBRALTAR PACKAGING GROUP INC<br>SOLD AT 11.5 | 23,000.00 |
| 3/13/92 | 20,000.00 | FEDERATED AUTO GOVT MONEY TRUST<br>SOLD AT 100 | 20,000.00 |
| 3/18/92 | 15,000.00 | FEDERATED AUTO GOVT MONEY TRUST<br>SOLD AT 100 | 15,000.00 |
| 3/30/92 | 1,000SH | UNITED RETAIL GROUP INC<br>SOLD AT 17.25 | 17,250.00 |

# STATEMENT OF TRANSACTIONS

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1992
PART IV - TRANSACTIONS

ACCOUNT MANAGEMENT CORPORATION

THOMAS S. FOLEY, M.C.
1201 Longworth H.O.B.
Washington, D.C. 20515

ACCOUNT BD0225 FOLEY THOMAS S.



| | | | |
|---|---|---|---|
| 4/01/92 | 1,000SH | COLTEC INDS INC | 17,929.40 |
| | | SOLD AT 18 | |
| 4/02/92 | 12,070.60 | FEDERATED AUTO GOVT MONEY TRUST | 12,070.60 |
| | | SOLD AT 100 | |
| 4/03/92 | 10,000.00 | FEDERATED AUTO GOVT MONEY TRUST | 10,000.00 |
| | | SOLD AT 100 | |
| 4/03/92 | 1,000SH | WALKER INTERACTIVE SYS INC | 22,750.00 |
| | | SOLD AT 22.75 | |
| 4/07/92 | 7,000.00 | FEDERATED AUTO GOVT MONEY TRUST | 7,000.00 |
| | | SOLD AT 100 | |
| 4/09/92 | 500SH | XIRCOM | 8,875.00 |
| | | SOLD AT 17.75 | |
| 4/15/92 | 275.00 | FEDERATED AUTO GOVT MONEY TRUST | 275.00 |
| | | SOLD AT 100 | |
| 4/16/92 | 500SH | BELL SPORTS CORP | 8,625.00 |
| | | SOLD AT 17.25 | |
| 4/20/92 | 7,500.00 | FEDERATED AUTO GOVT MONEY TRUST | 7,500.00 |
| | | SOLD AT 100 | |
| 4/24/92 | 10,041.84 | FEDERATED AUTO GOVT MONEY TRUST | 10,041.84 |
| | | SOLD AT 100 | |
| 4/30/92 | 1,000SH | WNS INC | 10.00 |
| | | SOLD AT 0.01 | |
| 5/26/92 | 10,000.00 | FEDERATED AUTO GOVT MONEY TRUST | 10,000.00 |
| | | SOLD AT 100 | |
| 6/08/92 | 10,000.00 | FEDERATED AUTO GOVT MONEY TRUST | 10,000.00 |
| | | SOLD AT 100 | |
| 7/23/92 | 104.42 | FEDERATED AUTO GOVT MONEY TRUST | 104.42 |
| | | SOLD AT 100 | |
| 9/11/92 | 8,000.00 | FEDERATED AUTO GOVT MONEY TRUST | 8,000.00 |
| | | SOLD AT 100 | |

# STATEMENT OF TRANSACTIONS

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1992
PART IV - TRANSACTIONS

THOMAS S. FOLEY, M.C.
1201 Longworth H.O.B.
Washington, D.C. 20515

ACCOUNT MANAGEMENT CORPORATION

ACCOUNT BD0225 FOLEY THOMAS S. 

| | | | |
|---|---|---|---|
| 9/24/92 | 1,000SH | ENDOSONICS CORP<br>SOLD AT 8 | 8,000.00 |
| 12/22/92 | 2,002.94 | FEDERATED AUTO GOVT MONEY TRUST<br>SOLD AT 100 | 2,002.94 |
| 12/23/92 | 4,400.00 | FEDERATED AUTO GOVT MONEY TRUST<br>SOLD AT 100 | 4,400.00 |

*INVESTMENTS PURCHASED*

| | | | |
|---|---|---|---|
| 1/09/92 | 22,569.46 | FEDERATED AUTO GOVT MONEY TRUST<br>BOT AT 100 | 22,569.46- |
| 1/16/92 | 23,750.00 | FEDERATED AUTO GOVT MONEY TRUST<br>BOT AT 100 | 23,750.00- |
| 1/27/92 | 500SH | AMYLIN PHARMACEUTICALS INC<br>BOT AT 14 | 7,000.00- |
| 1/28/92 | 3,452.23 | FEDERATED AUTO GOVT MONEY TRUST<br>BOT AT 100 | 3,452.23- |

# STATEMENT OF TRANSACTIONS

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1992
PART IV - TRANSACTIONS

THOMAS S. FOLEY, M.C.
1201 Longworth H.O.B.
Washington, D.C. 20515

ACCOUNT MANAGEMENT CORPORATION

ACCOUNT BD0225 FOLEY THOMAS S. PAGE 7

| | | | |
|---|---|---|---|
| 1/29/92 | 1,000SH | PHYCOR INC<br>BOT AT 16 | 16,000.00- |
| 2/06/92 | 13,837.19 | FEDERATED AUTO GOVT MONEY TRUST<br>BOT AT 100 | 13,837.19- |
| 2/07/92 | 750SH | SCOTTS CO<br>CL A<br>BOT AT 19 | 14,250.00- |
| 2/07/92 | 17,000.00 | FEDERATED AUTO GOVT MONEY TRUST<br>BOT AT 100 | 17,000.00- |
| 2/13/92 | 16,543.20 | FEDERATED AUTO GOVT MONEY TRUST<br>BOT AT 100 | 16,543.20- |
| 2/20/92 | 2,000SH | INTERNATIONAL JENSEN INC<br>BOT AT 11.5 | 23,000.00- |
| 2/21/92 | 2,500.00 | FEDERATED AUTO GOVT MONEY TRUST<br>BOT AT 100 | 2,500.00- |
| 3/02/92 | 115.46 | FEDERATED AUTO GOVT MONEY TRUST<br>BOT AT 100 | 115.46- |
| 3/02/92 | 1,000SH | SCHOLASTIC CORP<br>BOT AT 22.5 | 22,500.00- |
| 3/06/92 | 26,500.00 | FEDERATED AUTO GOVT MONEY TRUST<br>BOT AT 100 | 26,500.00- |
| 3/11/92 | 1,000SH | ENDOSONICS CORP<br>BOT AT 16.75 | 16,750.00- |
| 3/12/92 | 2,000SH | GIBRALTAR PACKAGING GROUP INC<br>BOT AT 10 | 20,000.00- |
| 3/16/92 | 23,000.00 | FEDERATED AUTO GOVT MONEY TRUST<br>BOT AT 100 | 23,000.00- |
| 3/17/92 | 1,000SH | UNITED RETAIL GROUP INC<br>BOT AT 15 | 15,000.00- |

# STATEMENT OF TRANSACTIONS

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1992
PART IV - TRANSACTIONS

THOMAS S. FOLEY, M.C.
1201 Longworth H.O.B.
Washington, D.C. 20515

ACCOUNT MANAGEMENT CORPORATION

ACCOUNT BD0225 FOLEY THOMAS S.



| | | | |
|---|---|---|---|
| 3/31/92 | 17,250.00 | FEDERATED AUTO GOVT MONEY TRUST<br>BOT AT 100 | 17,250.00- |
| 4/01/92 | 1,000SH | COLTEC INDS INC<br>BOT AT 15 | 15,000.00- |
| 4/01/92 | 1,000SH | WALKER INTERACTIVE SYS INC<br>BOT AT 15 | 15,000.00- |
| 4/01/92 | 109.99 | FEDERATED AUTO GOVT MONEY TRUST<br>BOT AT 100 | 109.99- |
| 4/06/92 | 500SH | XIRCOM<br>BOT AT 14 | 7,000.00- |
| 4/06/92 | 22,750.00 | FEDERATED AUTO GOVT MONEY TRUST<br>BOT AT 100 | 22,750.00- |
| 4/10/92 | 8,875.00 | FEDERATED AUTO GOVT MONEY TRUST<br>BOT AT 100 | 8,875.00- |
| 4/16/92 | 500SH | BELL SPORTS CORP<br>BOT AT 15 | 7,500.00- |
| 4/22/92 | 8,625.00 | FEDERATED AUTO GOVT MONEY TRUST<br>BOT AT 100 | 8,625.00- |
| 6/01/92 | 127.08 | FEDERATED AUTO GOVT MONEY TRUST<br>BOT AT 100 | 127.08- |
| 9/25/92 | 8,044.47 | FEDERATED AUTO GOVT MONEY TRUST<br>BOT AT 100 | 8,044.47- |
| 12/21/92 | 100SH | SNAPPLE BEVERAGE CORP<br>BOT AT 20 | 2,000.00- |
| 12/22/92 | 200SH | COMPUWARE CORP<br>BOT AT 22 | 4,400.00- |

ETHICS IN GOVERNMENT ACT-FINANCIAL DISCLOSURE STATEMENT FOR 1992

IV. Transactions

Assets of the Helen M. Foley Trust:

| | |
|---|---|
| Funds and interest received from August 1, 1991 sale of East Bowl, Ltd. Common Stock on 2/1/92 and 4/17/92. One-half interest received by Thomas S. Foley. There are still more payments to come. | C |
| April 1, 1992 Higgins and Associates real property sold. One-half income received by Thomas S. Foley. | D |

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1992

Thomas S. Foley
1201 Longworth House Office Building
Washington, D.C. 20515

Member of the House of Representatives District 5, State of WA

V. - LIABILITIES

| CREDITOR | TYPE | VALUE |
|---|---|---|
| Citibank Visa | credit card | B |
| American Express Company | credit card | C |

Ethics in Government Act - Financial Disclosure Statement for 1992

Thomas S. Foley
1201 Longworth Building
Washington, D.C. 20515

Member of U.S. House of Representatives District 5, State of WA

VII. FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

| SOURCE | BRIEF DESCRIPTION |
|---|---|
| AFL-CIO<br>815 16th Street, N.W.<br>Washington, D.C. 20006 | One way air travel, hotel accommodations, and food for Thomas S. Foley to Miami, FL., February 16-17, 1992 to participate in conference. |
| Economic Club<br>20 N. Clark Street<br>Chicago, Illinois 60602 | Round trip air transportation, hotel accommodations, and food for Thomas S. Foley to Chicago, IL., February 27-28, 1992 to give a speech. |
| Suffolk University<br>270 Tremont Street<br>Boston, Mass | Round trip plane fare, hotel accommodations, and food for Thomas S. Foley to Boston, Mass., May 30-31, 1992 to give commencement address. |
| National Legislative Education<br>444 North Capitol Street<br>Washington, D.C. 20001 | Air transportation, hotel accommodations, and food for Thomas S. Foley to San Francisco, Los Angeles, Chicago, Atlanta, D.C., November 7-11, 1992 to participate in conference. |

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1992

Thomas S. Foley
1201 Longworth Building
Washington, D.C. 20515

Member of U.S. House of Representatives District 5, State of WA

VIII. POSITIONS

| POSITION | NAME OF ORGANIZATION |
|---|---|
| Member, Congressional Advisory Council | Henry M. Jackson Foundation |
| Member, Board of Overseers | Whitman College |
| Member | Yale University Council - Comm. on Social Science - Policy |
| Member, Board of Directors | The Wolf Trap Foundation |
| Board of Advisors | Center for Strategic & International Studies |
| Member | WSU Foundation |
| Member, Advisory Council | American Ditchley Foundation |
| Cong. Rep., Executive Committee | Democratic National Committee |
| Member | Council on Foreign Relations |
| Member, Advisory Board | Arena Stage |
| Member, Board of Directors | Bicycle Federation of America |
| Member | Trilateral Commission |
| Member, Board of Director | College of Virgin Islands |
| Commissioner | Japan United States Friendship Commission |
| Member, Board of Advisors | The Mansfield Foundation |
| Member, Advisory Committee | Center for Elected Politicians John F. Kennedy School of Government, Harvard University |
| Member, Congressional Advisory Board | Udall Center |
| Honorary Member | Rural Sociological Society |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 JUN -1 PM 4: 33
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED (12)
MC
(Office Use Only)

Harold E. Ford
(Full Name)

2773 Unicorn Lane, NW Washington, DC 20015 (202) 225-3265
(Mailing Address) Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Tennessee District: 9th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No | Question | Yes | No |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | X | | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | | X |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | | X | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | | X |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | | X | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | X | |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | | X | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | | X |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | X | | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | | X |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | | X |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

**SIGNATURE OF REPORTING INDIVIDUAL** Harold E. Ford

**DATE (Month, Day, Year)** June 1, 1993

Reporting Individual's Name
Harold E. Ford

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $8,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | JMC Associates, Washington, DC | Spouse Salary | $6,750 |
| | Consultant-Planning Events, Washington, DC | Spouse Salary | $5,000 |
| | EASTWEST Research Corporation, Washington, DC | Spouse Salary | $2,600 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Harold E. Ford

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
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**Reporting Individual's Name**

Harold E. Ford

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset: Year End Value (X) – None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) – DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) – None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | Block D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | Examples: George Wash Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Examples: 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 51% of N.J. Ford & Sons | | | | | | | | X | | | | | | | | | | X | | | | | | | | | | |
| | Funeral Home, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Memphis, TN | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**For additional assets and unearned income, use next page**

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Harold E. Ford

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. S DC JT | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
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Reporting Individual's Name: Harold E. Ford

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| | | Type of Transaction (X) | | | | Amount of Transaction | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S, DC, JT | Identification of Assets | Purchase | Sale | Exchange | DATE (MO, DAY, YR) | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
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1041

Reporting Individual's Name: Harold E. Ford

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Wright Patman Congressional Credit Union | Personal | X | | | | | | |
| | Mary Rogers | Personal | X | | | | | | |
| | Reginald Dunn | Personal | X | | | | | | |
| | CITIBANK (Visa) | Personal | X | | | | | | |
| | Tennessee Bank & Trust | Personal | X | | | | | | |
| | Washington-Maryland Nat. Bank (Mastercard) | Personal | X | | | | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| See Attachment | Harold Ford Legal Defense Fund | |
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**Use additional sheets if more space is required.**

Reporting Individual's Name: Harold E. Ford

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
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| Reporting Individual's Name |
| --- |
| Harold E. Ford |

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
| Board of Directors | YMCA of Memphis, TN |
| Advisory Board | Mid-South Fair, Memphis, TN |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
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GPO: 1992 59-838A (m)

McNEESE & ARTHUR
ATTORNEYS AT LAW
7515 CORPORATE CENTRE DRIVE
MEMPHIS, TENNESSEE 38138

RICHARD S. McNEESE
JAMES F. ARTHUR, III
ARNOLD GOLDIN, P.C.
MARK B. MIESSE
JOY TANNER BOMAR †
SHEREE L. HOFFMAN
† ALSO LICENSED IN MISSISSIPPI

TELEPHONE
901/754-9970
TELECOPIER
901/753-6406

May 13, 1993

Ms. Kimberly Cade
Congressman Harold Ford's Office
167 N. Mid-America Mall
Memphis, TN 38103

RE: 1992 Contributions to the
Harold Ford Legal Defense Fund/EIGA Disclosure Report

Dear Kim:

Enclosed please find a list of all the contributions made to Congressman Ford's Legal Defense Fund in 1992. The total amount contributed was $1,999.00, although many of those contributions were less than $100.00.

I also included the amount of 1992 interest paid on our checking account in case you need that information as well.

If you have any additional questions or comments, please do not hesitate to contact me.

Very truly yours,

Sheree L. Hoffman

Sheree L. Hoffman

SLH/em
Enclosure
cc: Congressman Harold Ford

Harold Ford Contributions - 1992

| DEPOSIT DATE | NAME AND ADDRESS | AMOUNT |
|---|---|---|
| 1/24/92 | Marjorie K. Terry<br>2522 Kimball Ave.<br>Memphis, TN 38114 | $ 5.00 |
| 1/24/92 | Mrs. Ida M. Rice<br>3825 Audie Dr.<br>Memphis, TN 38109 | $ 10.00 |
| 1/24/92 | Mrs. Jimmie I. Bradley<br>2067 Claremont<br>Memphis, TN 38114 | $ 25.00 |
| 1/24/92 | Galilee AME Church<br>1460 Oaklawn<br>Memphis, TN 38114<br>Contact person: Esther J. Thornton | $ 55.00 |
| 1/24/92 | Ethel Durham Johnson<br>3344 Morningview Dr.<br>Memphis, TN 38118<br>Plus $13.00 cash | $ 9.00 |
| 1/24/92 | Wendy R. Miller<br>1012 Esplande Pl.<br>Memphis, TN 38106 | $ 10.00 |
| 1/24/92 | Pearl Crawford<br>1081 Court, Apt. 834C<br>Memphis, TN 38104 | $ 28.00 |
| 1/24/92 | Mrs. Ludie C. Edmondson<br>1978 Sparks<br>Memphis, TN 38106 | $ 25.00 |
| 1/24/92 | Unlimited "Store for Men & Boys"<br>4118 Elvis Presley<br>Memphis, TN 38116 | $ 100.00 |
| 1/24/92 | Cane Creek Baptist Church<br>1785 Elvis Presley<br>Memphis, TN 38106 | $ 100.00 |
| 2/10/92 | Carla Durham Pittman<br>5101 Presidio Dr.<br>Los Angeles, CA 90043 | $ 25.00 |
| 2/10/92 | Maryetta C. Marks<br>5450 Slauson Ave. No. 39<br>Culver City, CA 90230 | $ 30.00 |

| | | |
|---|---|---|
| 2/10/92 | Randa McDaniel Trapp<br>2446 Kathleen Place<br>San Diego, CA 92105 | $ 50.00 |
| 2/10/92 | Robert J. Burford<br>6425 New Market Way<br>Raleigh, NC 27609 | $ 50.00 |
| 2/10/92 | Pentecostal M.B. Church<br>1538 Norris Rd.<br>Memphis, TN 38106 | $ 157.00 |
| 2/10/92 | Craig S. Strong<br>1441 St. Antoine<br>Detroit, MI 48226 | $ 100.00 |
| 4/7/92 | Pearl Crawford<br>1081 Court, Apt. 834C<br>Memphis, TN 38104 | $ 20.00 |
| 4/7/92 | Rev. Arthur James Williams<br>586 Walnut<br>Memphis, TN 38126 | $ 20.00 |
| 6/19/92 | American Federal Grain<br>Miller Local 359<br>2250 Henry Ave.<br>Memphis, TN 38108 | $ 100.00 |
| 12/28/92 | Mary L. Jamison<br>56 E. Frank Ave.<br>Memphis, TN 38109 | $ 50.00 |
| 12/28/92 | Rev. R. T. Joyner<br>1048 Colgate<br>Memphis, TN 38106 | $1,000.00 |
| | TOTAL | $1,999.00 |

1992 Checking Account Interest Paid $ 44.64

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
MAY 13 PM 8 07

William D. Ford
(Full Name)

2107 Rayburn HOB
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone
225-6261

(7) INSIDE MAIL

MI

(Office Use Only)

| | | | |
|---|---|---|---|
| **Filer Status** | [x] Member of the U.S. House of Representatives — State: MI District: 13 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [x] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [x] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [x] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [x] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [x] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [x] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [x] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [x] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [x] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [x] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [x] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [x] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** William D. Ford

**DATE (Month, Day, Year)** May 12, 1993



1048

Reporting Individual's Name
William D. Ford

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Williams & Jensen, Washington, D.C. | Spouse salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
William D. Ford

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts, and; financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| | Congressional FCU (savings) | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | IRA -- Congressional FCU | | | | X | | | | | | | | | | | | | | none | X | | | | | | | | | | |
| | IRA -- John Alden Life Ins. Co. | | | | X | | | | | | | | | | | | | | none | X | | | | | | | | | | |
| | Keough -- Lincoln Natl. Pension Co. | | | | | | X | | | | | | | | | | | | none | X | | | | | | | | | | |
| S | Capitol Equipment Assoc. I, L.P. (office equipment leasing) | | X | | | | | | | | | | | | | X | | | | | | | | | X | | | | | X |
| S | Capitol Equipment Assoc. II, L.P (Common stock, Financial Express, Washington D.C.) | | X | | | | | | | | | | | | | X | | | | | | | X | | | | | | | X |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: William D. Ford

Continuation Sheet (if needed)

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| S | IRA, Fidelity Magellan Fund | | | | x | | | | | | | | | | | | | x | | | | | | | | | | |
| S | Williams & Jensen, P.C., Pension & Profit Sharing plans | | | | | | x | | | | | | | | | | | x | | | | | | | | | | |
| S | Century Natl. Bank (savings & checking) | | | x | | | | | | | | | | x | | | | | | x | | | | | | | | |
| S | Common stock, Williams & Jensen, P.C. | | | x | | | | | | | | | | | | | | x | | | | | | | | | | |
| S | N.F. Corporation (investment in money market account) | | | | x | | | | | | | | | | | | | x | | | | | | | | | | |



Schedule III – Continuation

Reporting Individual's Name
William D. Ford

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page E3.

| S, SC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| S | Capitol Equipment Assoc. I, L.P. (office equipment leasing) | | x | | 12/92 | x | | | | | | |
| S | Capitol Equipment Assoc. II, L.P. (common stock, Financial Express, Washington, D.C.) | | x | | 12/92 | x | | | | | | |

| Reporting Individual's Name |
|---|
| William D. Ford |

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| S | Williams & Jensen Pension Plan | Personal loan | | x | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

William D. Ford

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | AFL-CIO | Feb. 16-18 | Wash., D.C.-Miami-Wash.,DC | Y | Y | Spouse | |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

OFFICE OF RECORDS AND REGISTRATION
93 MAY 13 AM 10: 12
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(9)

MAY 7 1993

MC
(Office Use Only)

Tillie K. Fowler
(Full Name)

4730 Prince Edward Road, Jacksonville, FL 32210 202 225-2501
(Mailing Address) Daytime Telephone

Contact: Buck Fowler 904 246-4886

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Florida District: Fourth | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** NA | Yes [ ] No [ ] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** NA | Yes [ ] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** NA | Yes [ ] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Tillie K. Fowler

**DATE (Month, Day, Year)** 5/7/93

1055

Reporting Individual's Name
Tillie K. Fowler

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | City of Jacksonville<br>Jacksonville, Florida | Salary | $17,188 |
| | R. W. Fowler and Associates, Inc and Related Companies<br>Atlantic Beach, Florida | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II



Schedule I

**Reporting Individual's Name**
Tillie K. Fowler

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| | BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| 1. S | R. W. Fowler and Associates Inc. and Related Companies Stock | | | | | | | | | X | | X | | | | | | | | | | | | X | | | | |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Tillie K. Fowler

| | S, DC, JT | BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.) | BLOCK B Valuation of Asset: Year End Value (X) A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | Over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | Over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2. | S | 4500 Block Ortega Forest Drive | | | | | | | X | | | | | | | | | | | X | | | | | | | | | | |
| | | Jacksonville, Florida | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Unimproved Property | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | DC | Ponte Vedra National Bank | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | | Common Stock; Ponte Vedra | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Beach, Florida | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | DC | Ponte Vedra National Bank | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | | Common Stock; Ponte Vedra | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Beach, Florida | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | S | Barnett Bank Trust Company | | | | | | | | X | | | | | | | | | | | | NA | | | | | | | | |
| | | IRA Rollover Account | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Jacksonville, Florida | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: Tillie K. Fowler

Continuation Sheet (if needed)

| | BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | | Transaction (X) |
| | S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| 6. | S | Ponte Vedra National Bank | | | | X | | | | | | | | | | | | | | | | | | | NA | | | | | | |
| | | IRA Account | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Ponte Vedra Beach, Florida | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | S | Sun Trust Common Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| 8. | S | Lo Jack Corporation | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | | Common Stock | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | S | Ponte Vedra National Bank | | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | |
| | | Bank Accounts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Ponte Vedra Beach, Florida | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | S | 635A Ponte Vedra Boulevard | | | | | | | X | | | | | X | | | | | | | | | | | | X | | | | | |
| | | Ponte Vedra Beach, Florida | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Tillie K. Fowler

| | S, DC, JT | BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.) | BLOCK B Valuation of Asset: Year End Value (X) A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11. | S | Douglas Partnership I, Ltd. | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | | Office Building | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3415 Apalachee Parkway | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Tallahassee, Florida | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | | South Trust Bank | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | | Bank Accounts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Jacksonville, Florida | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. | | South Trust Bank | | X | | | | | | | | | | | | | | | | | | | NA | | | | | | |
| | | IRA Account | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Jacksonville, Florida | | | | | | | | | | | | | | | | | | | | | | | | | | | |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Tillie K. Fowler

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| First National Bank of Baldwin | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| County; Bank Account | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Milledgeville, Georgia | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Reporting Individual's Name

Tillie K. Fowler

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| | |
| | SEE ATTACHED LIST |
| | |
| | |
| | |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

GPO 1992 56-535A (pb)

Tillie K. Fowler

Part VIII-Positions

Uncompensated

| | | |
|---|---|---|
| Member | - | Duval County Tourist Development Council<br>Term ended during 1992 |
| Board Member | - | Jacksonville, Florida Chamber of Commerce - Governmental Affairs Board - Term ended during 1992 |
| Board Member | - | Emory University Board of Governors |
| Board Member | - | St. Vincent's Health Systems, Jacksonville, Florida |
| Board Member | - | American Red Cross, N.E. Florida Chapter |
| Member | - | Childbirth Education Association Advisory Board, Jacksonville, Florida |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

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HAND DELIVERED

(Office Use Only)

Barney Frank
(Full Name)

2404 Bayburn Bldg. Washington, DC 20515 (Mailing Address) 202-225-5931 (Daytime Telephone)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: MA District: 4 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Barney Frank

**DATE (Month, Day, Year)** May 12, 1993

Reporting Individual's Name: Barney Frank

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H Over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX Over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| | US Trust (Boston, MA) - IRA | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | TIAA-CREF Retirement Account | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | |
| | 114 Floral St. (Newton, MA) personal residence | | | | | | X | | | | | | | | | | | | | X | | | | | | | | | |
| | 1328 Corcoran St., NW (Wash., DC) personal residence (½ interest) | | | | | | | X | | | | | | | | | | | | X | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | For liabilities on Floral and Corcoran Streets see Part V | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name: Barney Frank

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Bank of Boston | Mortgage on 114 Floral St. (Newton, MA) personal residence | | X | | | | | |
| | Sears Co. | Mortgage on 1328 Corcoran St., NW (Wash., DC) personal residence (½ interest) | | | | X | | | |
| | Bank of Boston | Home equity loan on Floral St. property | X | | | | | | |
| | | | | | | | | | |
| | For assets on Floral and Corcoran Streets see Part II | | | | | | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

Barney Frank

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totaling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Examples: Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| Examples: ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| Assoc. of American Law Schools (Wash., DC) | Jan. 5 - Jan. 7 | Air travel Wash, DC - San Antonio, TX for 2 speeches | Y | Y | None | None |
| Congregation Beth El (La Jolla, CA) & Temple Isaiah (Palm Springs CA) | Jan. 7 - Jan. 9 | San Antonio to Los Angeles to San Diego to Palm Springs to Los Angeles to Wash., DC for 2 speeches | Y | N | None | One Day |
| Atlanta Lesbian & Gay Pride | Jan. 18 - Jan. 20 | Boston to Atlanta to Wash., DC for speeches | Y | Y | None | None |
| Random House/Times Books (New York City) | Feb. 23 - Feb. 24 | Boston to New York City to Wash., DC for book tour | Y | N | None | None |
| Random House/Times Books | Feb. 27 - Mar. 2 | Wash, DC - Los Angeles - San Francisco - Wash., DC (for book tour) | Y | N | None | None |
| Russian Research Center (Harvard University) | Apr. 11 - Apr. 12 | Wash., DC - New York City - Boston for conference | Y | Y | None | None |
| North Carolina Pride PAC (Carrboro, NC) | Aug. 14- Aug. 15 | Boston - Raleigh, NC - Boston for speech | Y | N | None | None |
| Socratic Seminars (New York City) | Nov. 9 - Nov. 10 | Boston - New York - Boston for taping of PBS program | Y | Y | None | None |
| Jewish Community Ctr. of Southern New Jersey (Cherry Hill, NJ) | Nov. 18 - Nov. 19 | AMTRAK travel Wash., DC - Philadelphia - Wash., DC for book appearance | Y | N | None | None |
| None of these trips involved any political/reelection activities | | | | | | |

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U.S. HOUSE OF REPRESENTATIVES

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(Office Use Only)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

Robert D. Franks
(Full Name)

1200 Springfield Ave. - Apt. 38
(Mailing Address) Daytime Telephone

New Providence, NJ 07974

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: NJ District: 7 | [ ] Officer or Employee — Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? If yes, Complete and Attach Schedule I. | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, Complete and Attach Schedule VI. | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, Complete and Attach Schedule II. | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, Complete and Attach Schedule VII. | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, Complete and Attach Schedule III. | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, Complete and Attach Schedule VIII. | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, Complete and Attach Schedule IV. | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? If yes, Complete and Attach Schedule IX. | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, Complete and Attach Schedule V. | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month, Day, Year) 5/11/93

Reporting Individual's Name
Robert D. Franks

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | State of New Jersey, General Assembly | Salary | $30,948 |
| | New Jersey Republican Committee | Expense Reimbursement | $ 6,750 |
| | Intrenet, Inc. | Director's Fee | $ 8,250 |
| | AMEX Life Assurance Company | Pension Distribution | $ 546 |

For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Robert D. Franks

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| | BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | Transaction (X) |
| DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| | First Fidelity Bank Savings Account | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | United Counties Trust | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Summit Federal | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name

Robert D. Franks

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Director | Intrenet, Inc. - Resigned December 16, 1992 |
| Committee Member | Long term planning committee, Overlook Hospital (Uncompensated) |
| Board Member | Childrens Specialized Hospitals (Uncompensated) |
| | |
| | |
| | |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
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| | | |

GPO: 1992 00-536A (pb)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(7)

93 MAY 17 12:45

Gary A. Franks, M.C.
(Full Name)

925 Oronoke Road
(Mailing Address)

Daytime Telephone: (203) 574-3618

Waterbury, CT

**HAND DELIVERED**

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: CT District: 5 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

MC (Office Use Only)

1072

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from the report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from the report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| | 5/17/93 |

Reporting Individual's Name

Gary A. Franks

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Self employed | spouse salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
Gary A. Franks

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Rudo Group, Waterbury, CT (stock) | | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| | 134 Charlotte Place, Charlottesville | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| | Virginia (partially owned) | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | |
| | 176 Orange Street, Waterbury, CT ~~(partially owned)~~ | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | |
| | 706 Oronoke Rd., Waterbury, CT (partially owned) | | | | | | X | | | | | | X | | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Gary A. Franks

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | S, DC, JT | Year End Value (X) | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 over $1,000,000 | |
| ~~20 Shagbark Road, Waterbury, CT~~ (partially owned) | | | | | | X | | | | | | X | | | | | X | | | | | | | | | X |

Reporting Individual's Name: Gary A. Franks

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | 20 Shagbark Road, Waterbury, CT | | X | | 3/24/92 | | | | X | | | |

Reporting Individual's Name
Gary A. Franks

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | American Bank, Waterbury, CT (Paid in 1992) | Mortgage on 20 Shagbark Road Waterbury, CT | | | | X | | | |
| | Aruna Barot, Trustee, Hartford, CT | Mortgage on 176 Orange St., Waterbury, CT | | X | | | | | |
| | Maryland Bank, Baltimore, MD | unsecured loan | X | | | | | | |
| | Naugatuck Savings Bank, Naugatuck, CT | unsecured loan<br>mortgage on 176 Orange St., W'tby | X | | X | | | | |
| | Connecticut National Bank, Waterbury, CT | unsecured loan | | X | | | | | |
| | Vacalabre, Carmen, Waterbury, CT | unsecured loan | | | | | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs Joseph H Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name

Gary A. Franks

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Trustee | Franks Family Trust |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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GPO: 1986 [illegible]

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY -6 AM 10:56
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(9)

HAND DELIVERED
MC
(Office Use Only)

Martin Frost
(Full Name)

2459 Rayburn Building — 202/225-3605
(Mailing Address) — Daytime Telephone

Washington, D. C. 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Texas District 24 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Martin Frost

DATE (Month, Day, Year): 5/26/93



1079

Reporting Individual's Name
Martin Frost

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Brener Building Maintenance | Spouse Salary | 6,139.00 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

1080

Reporting Individual's Name
Martin Frost

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| International Industrial Symposium on the Super Collider | | | |
| San Diego, Calif. (New Orleans, La. Meeting) | Speech | March 6, 1992 | $1,000.00 |
| The Brookings Institution, Washington, D. C. | Speech | Sept. 15, 1992 | 400.00 |
| The Connell Company, Westfield, New Jersey | Speech | Dec. 3, 1992 | 2,000.00 |

This page may be copied if more space is required.

Reporting Individual's Name
Martin Frost

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U S Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Central & Southwest Stock | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | |
| | Eli Lilly Stock | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Exxon Stock | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | |
| | Fundamental Investors Mutual Fund | X | | | | | | | | | | | | | X | | | | | | | | | X | | | | | X |
| | Houston Industries Stock | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | |
| | Merck Stock | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page



Schedule III

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Martin Frost

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | Schering Plough Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Quaker Oats Stock (IRA) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Treasury C.A.T.S. (IRA) | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Municipal Investment Trust Fund | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| JT | Walmart Stock | | | | | X | | | | | | X | | | | | | | | X | | | | | | | | | |
| JT | 2535 Wedglea #206 Rental Property, Dallas, Texas | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | |
| S | Chevy Chase FSB | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | |
| S | McDonalds Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| S | Waste Management Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| S | Blockbuster Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| S | Treasury C.A.T.S. (IRA) | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| S | Series E Bonds | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | X |
| S | Sara Lee Stock | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | X |
| S | Staples Stock | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | X |
| S | Coca-Cola Stock | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | X |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Martin Frost

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S | Philip Morris Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| DC | Kelly Services | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | X |
| DC | Treasury Certificates of Accural | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| DC | Nations Bank,Dallas,Tx.Savings Acct. | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| DC | Citicorp Savings,Houston,Tx.Svs.Act. | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| DC | Bell South Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| DC | Duke Power Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| DC | Federal Ins. Mortgage Interest in partnership | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| DC | Florida Progress Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| DC | Nynex Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| DC | Pacific Am. Ins. Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| DC | RYMAC Corp. Stock | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| DC | SCL Corp. Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| DC | Southwestern Bell Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| DC | Bond,Conroe,Tx. ISD | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Martin Frost

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| DC | Bond, Md.St.Health & Higher Education | | | x | | | | | | | | | | | | | | | x | | | | | | | | | | |
| DC | Bond, Austin, Tx. Combined Utility | | | x | | | | | | | | | | | | | | | x | | | | | | | | | | |
| DC | Merck Stock | | | x | | | | | | | | x | | | | | | | | x | | | | | | | | | x |
| DC | McDonalds | | | x | | | | | | | | x | | | | | | | | x | | | | | | | | | |
| DC | Walmart Stock | | | x | | | | | | | | x | | | | | | | | x | | | | | | | | | |
| DC | Bristol Myers Squibb | | | x | | | | | | | | x | | | | | | | | x | | | | | | | | | x |
| DC | Central and Southwest | | | x | | | | | | | | x | | | | | | | | | x | | | | | | | | |
| DC | Coca-Cola Stock | | | x | | | | | | | | x | | | | | | | | x | | | | | | | | | x |
| DC | Walt Disney Stock | | | x | | | | | | | | x | | | | | | | | x | | | | | | | | | x |
| DC | Sara Lee Stock | | | x | | | | | | | | x | | | | | | | | x | | | | | | | | | x |
| DC | Northwestern Mutual Ins. policy | | | x | | | | | | | | x | | | | | | | | | x | | | | | | | | |

Reporting Individual's Name
Martin Frost

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Fundamental Investors Mutual Fund | | x | | 1/21/92 | x | | | | | | |
| S | Series E. Bonds | x | | | 10/28/92 | x | | | | | | |
| S | Sara Lee Stock | x | | | 11/9/92 | x | | | | | | |
| S | Staples Stock | x | | | 12/3/92 | x | | | | | | |
| S | Coca-Cola Stock | x | | | 12/3/92 | x | | | | | | |
| S | Philip Morris Stock | x | | | 12/3/92 | x | | | | | | |
| S | Waste Management Stock | x | | | 12/3/92 | x | | | | | | |
| DC | Coca-Cola Stock | x | | | 3/4/92 | x | | | | | | |
| DC | Walt Disney Stock | x | | | 5/12/92 | x | | | | | | |
| DC | Sara Lee Stock | x | | | 11/9/92 | x | | | | | | |
| DC | Kelly Services | | x | | 5/12/92 | x | | | | | | |
| DC | Merck Stock | x | | | 3/24/92 | x | | | | | | |
| DC | Bristol Myers Squibb Stock | x | | | 3/24/92 | x | | | | | | |
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Reporting Individual's Name
Martin Frost

## SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | Harlingen National Bank | Mortgage on 2535 Wedglea,Dallas,Tx | | x | | | | | |
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## SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs Joseph H Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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Use additional sheets if more space is required.

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
CLERK OF RECORDS & ADMINISTRATION
1993 MAY 17 AM 7:56
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Elizabeth Furse
(Full Name)

316 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-0855

(5) INSIDE MAIL

MC
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [x] Member of the U.S. House of Representatives | State: Oregon District: First | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [x] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [x] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [x] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [x] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [x] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [x] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [x] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [x] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [x] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [x] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [x] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [x] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

**SIGNATURE OF REPORTING INDIVIDUAL** Elizabeth Furse

**DATE (Month, Day, Year)** May 14, 1993



1088

Reporting Individual's Name
Elizabeth Furse

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Columbia River Intertribal Fish Commission | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

**Reporting Individual's Name**
Elizabeth Furse

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash Credit Union Accounts | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | 22485 NW Yungen, Hillsboro, Oregon | | | | | | | X | | | | | | | | | | | Sale of Grapes | | | | | X | | | | | | |
| JT | 22770 and 22790 NW Yungen, Hillsboro | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | |
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For additional assets and unearned income, use next page

Reporting Individual's Name
Elizabeth Furse

## SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | Oregon Department of Veterans Affairs | Contract for Sale and Trust Deed (22770 NW Yungen and 22790 NW Yungen, Hillsboro, OR) | | | | X | | | |
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## SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

| Reporting Individual's Name |
| --- |
| Elizabeth Furse |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
| Board Member | Oregon Peace Institute, Portland, Oregon |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
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GPO: 1992 50-934A (ps)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

OFFICE OF THE CLERK
93 MAY 13 AM 10: 10
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

5

MAY 10 1993

MC

(Office Use Only)

ELTON GALLEGLY
(Full Name)

P. O. Box 3789 — 805-522-4487
(Mailing Address) — Daytime Telephone

Simi Valley, CA 93063

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [XX] Member of the U.S. House of Representatives | State: CA District: 23 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [XX] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | X | |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | | X |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | X | |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | | X |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | X | |
| Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | | X |
| Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | | X |
| Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | | X |
| Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | | X |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from the report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | | X |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | | X |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month, Day, Year): May 10, 1993

1093

Reporting Individual's Name
ELTON GALLEGLY

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Dynamic Realty | Spouse Salary | N/A |
| | Nostalgia Junction | Spouse Salary | N/A |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

**Reporting Individual's Name**
ELTON GALLEGLY

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 1791 Erringer Rd., Simi Valley, CA | | | | | | | X | | | | X | | | | | | | | | | | | | X | | | | |
| | 1353 Agnew St., Simi Valley, CA | | | | | | X | | | | | X | | | | | | | | | | | | X | | | | | |
| | Vacant lot Tahoe Keys, Lake Tahoe, CA (½ interest with D. Ross) | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| S | Dynamic Realty | | | X | | | | | | | | | | | | | | | NA | | | | | | | | | | |
| S | Nostalgia Junction | | | | | X | | | | | | | | | | | | | NA | | | | | | | | | | |
| | Simi Valley Bank | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ELTON GALLEGLY

| S, DC, JT | BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.) | BLOCK B Valuation of Asset: Year End Value (X) A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Bank of A. Levy (formerly Valley Federal) | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | IRA - Meridian Point Realty Tr VII (formerly Sierra Capital Realty Tr) | | | X | | | | | | | | | | | | | | N A | | | | | | | | | | |
| | IRA - Fortis Advantage Asset Port. (formerly Carnegie Cappiello Trust) | | | X | | | | | | | | | | | | | | N A | | | | | | | | | | |
| | IRA - Idex Fund 3 | | | X | | | | | | | | | | | | | | N A | | | | | | | | | | |
| | IRA - Ventura Pacific Capital Group VI | | | X | | | | | | | | | | | | | | N A | | | | | | | | | | |
| | KEOUGH - Bank of A. Levy | | | X | | | | | | | | | | | | | | N A | | | | | | | | | | |
| S | IRA - Pershing | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| S | IRA - Carnegie Funds | | | X | | | | | | | | | | | | | | N A | | | | | | | | | | |
| S | IRA - Fortis (formerly IRA - Carnegie Cappiello) | | | X | | | | | | | | | | | | | | N A | | | | | | | | | | |

Reporting Individual's Name

ELTON GALLEGLY

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | H. L. Schweitzer, P.O.Box 602, Tujunga, CA | Mortgage on 1791 Erringer, SV, CA | | | X | | | | |
| | Main Street Mortgage, Florida ~~(formerly Valley Federal Savings, CA)~~ | Mortgage on 1353 Agnew, SV, CA | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Schedules V and VI



1097

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
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HAND DELIVERED

(Office Use Only)

Dean A. Gallo
(Full Name)

64 Continental Road
(Mailing Address)

201-292-9292
Daytime Telephone

Morris Plains, NJ 07950

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: New Jersey District: 11 | [ ] Officer or Employee | Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Dean A. Gallo

DATE (Month, Day, Year): 5-10-93

Reporting Individual's Name

Dean A. Gallo

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| Connell Company, Westfield, NJ | Speech | Feb. 11, 1992 | $2,000 |
| | | | |
| | | | |
| | | | |
| Note: A confidential transmittal including the recipients of the payments has been filed with the Committee on Standards of Official Conduct in accordance with instructions. | | | |
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Reporting Individual's Name: Dean A. Gallo

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples | S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Congressional Federal Credit Union Savings A/C | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Morris County Federal Credit Union Savings A/C | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | 202 North Associates, Parsippany NJ 25% Interest | | | | | | X | | | | | | | | X | | | | Partner ship | | | | | | | X | | | | | |
| | D&H Enterprises, Hanover, NJ 25% Interest | | | | | | X | | | | | | | | X | | | | Partner ship | | | | X | | | | | | | | |
| | Zodiac Futures Fund, St. Louis MO .19659 Interest | | | | X | | | | | | | | | | X | | | | Partner ship | | X | | | | | | | | | | X |
| | Templeton Growth Fund | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | | |

For additional assets and unearned income use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: Dean A. Gallo

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| Investment Company of America | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | |
| Gallo & DeCroce, Inc 50 % Common Stock | | | | X | | | | | | | | | X | | | | Sub S Corp. | | | | | | | X | | | | |
| Gal-Lex & Tedesco, Inc. 25 % Common Stock | | | | X | | | | | | | | | X | | | | Sub S Corp. | | | X | | | | | | | | |
| Powder Mill Bank 24,500 Common Shares | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | X |
| Gallo, DeCroce & Hubler, 33 1/3% Common Stock (In liquidation) | | X | | | | | | | | | | | | | | | Sub S | | | | X | | | | | | | |
| Rand Associates, Hanover, NJ 25% Interest | | | | | X | | | | | | | | | | | | Partner ship | X | | | | | | | | | | |
| 7410 Partnership, Morris Plains, NJ 50 % Interest | | | | | | X | | | | | | | | | | | Partner | | | | | | | X | | | | |
| Fox Ridge Associates, Morris Plains, NJ 16.67 Interest | | X | | | | | | | | | | | | | | | Partner ship | X | | | | | | | | | | |
| Franklin Ridge Associates, Rockaway, NJ 33 1/3% Interest | X | | | | | | | | | | | | X | | | | Partner ship | | X | | | | | | | | | X |
| Park Hill Estates, Parsippany, NJ 25% Interest | | | | X | | | | | | | | | | | | | Partner ship | | | | | | X | | | | | |
| G.T. Europe Growth Fund | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| Oppenheimer Target Fund | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| AG Edwards & Sons Daily Cash Fund | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| American Barrick Res Corp 200 Shares (Note 1) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| Echo Bay Mines Ltd. 100 Shares (Note 1) | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Dean A. Gallo

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | | Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | Transaction (X) |
| Freeport-McMoran Copper & Gold 350 Shares | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |
| Handex Environmental Recovery 250 Shares | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | X |
| Middlesex County, NJ Bonds (Note 1) | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| Mount Olive Township, NJ Bonds (Note 1) | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| NJ Economic Dev Auth Bonds (Note 1) | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| NJ Health Care Facs. Bonds (Note 1) | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| BIS Communication Corp 1000 Shares | X | | | | | | | | | | | | | | | | | X | | | | | | | | | |
| AG Edwards Daily Cash Fund - IRA Account | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| C.D. Greenwood Trust Co. IRA Account | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | X |
| Kemper Investment Portfolio IRA Account | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| CD MFRS Hanover Trust Co. IRA Account | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| Ryland Acceptance Corp. Three CMO - IRA Account | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | X |
| River Bank of America IRA Account | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| FNMA 8.75 REMIC Pass thru CTF IRA Account | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| FNMA 9.0 GTD REMIC Pass thru CTF IRA Account | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Dean A. Gallo

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| Scudder New Europe Fund | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| New Jersey Turnpike 7.2% 1-1-18 (Note 1) | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| South Texas 6.2% 9-1-93 (Note 1) | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| Putnam Health Sciences IRA Acct | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| Investment Company of America IRA Acct | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| USMX, Inc. (Note 1) | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| Gallo & DeCroce Rentals, Inc. | X | | | | | | | | | | | | | | | | Sub S Corp. | X | | | | | | | | | | |
| D. Gallo 1992 Irrevocable Family Trust | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | |

Note 1: Assets indicated are shown in detail. In previous reporting periods they were shown as part of combined broker accounts with AG Edwards & Sons, Inc.

Note 2: Assets listed as Partnerships or Sub S Corporations, gains or losses represent income from pass through entities and are passive in nature requiring no participation by member.

Reporting Individual's Name: Dean A. Gallo

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 23.

| B, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,000 over |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Handex Environmental Recovery - Shares | | x | | 2-11-92 | x | | | | | | |
| | Zodiac Futures Fund, LTD | | x | | 5-11-92 | x | | | | | | |
| | Powder Mill Bank, worthless shares | | x | | 12-31-92 | | | | x | | | |
| | Franklin Ridge Associates | | x | | 5-27-92 | x | | | | | | |
| | Putnam Health Sciences (IRA Acct) | x | | | 1-7-92 | | | | | | | |
| | Investment C. of America (IRA Acct) | x | | | 7-7-92 | x | | | | | | |
| | Greenwood Trust - CD | | x | | 5-13-92 | x | | | | | | |
| | Ryland Acceptance Corp. - Bond | | x | | 12-14-92 | x | | | | | | |
| | Dean Gallo 1992 Irrevocable Family Trust | | | x | 5-18-92 | x | | | | | | |
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| Reporting Individual's Name |
| --- |
| Dean A. Gallo |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
| | See Financial Disclosure Detail Page A-6(a) Attached |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 25.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
| | NONE | |
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GPO: 1992 25-[illegible] (25)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

PART VIII-POSITIONS

| POSITIONS | NAME OF ORGANIZATION |
|---|---|
| President | Gallo & DeCroce, Inc. Parsippany, NJ |
| Vice President | Gal Lex & Tedesco, Inc. Parsippany, NJ |
| President | Gallo, DeCroce, & Hubler, Inc (in liquidation) |
| Partner 25% | D&H Enterprises, E. Hanover, NJ |
| Partner 25% | Rand Associates, E. Hanover, NJ |
| Partner 50% | 7410 Partnership, Morris Plains, NJ |
| Partner 16.67% | Fox Ridge Assoc. Morris Plains, NJ |
| Partner 25% | 202 North Associates, Parsippany, NJ |
| Partner .35814% | Zodiac Futures Fund, St. Louis, MO * |
| Partner 25% | Park Hill Estates, Parsippany, NJ |
| Investor | All Mutual Funds listed in II & III |
| Investor | Various Savings Accounts |
| President | Gallo & DeCroce Rentals, Inc. |

Financial Disclosure A-6(a)

* Sold in 1992

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

MAY 17

Samuel Gejdenson
(Full Name)

2416 Rayburn HOB
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone
202-225-2076

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State Connecticut District 2 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

HAND DELIVERED

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(Office Use Only)

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## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) May 12, 1993

| Reporting Individual's Name |
|---|
| Samuel Gejdenson |

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Lone Oak Montessori School, Inc. | Spouse Salary | NA |
| | Clyde Watson Soccer Academy, Inc. | Spouse Salary | NA |
| | Montessori School of Har Tzeon, Inc. | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

Samuel Gejdenson

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| None | | | | |
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Reporting Individual's Name
Samuel Gejdenson

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate # alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| S, DC JT | Examples: | S | ABC Corporation Stock | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| JT | 110 3rd Street, NE Washington, D.C. (Basement apartment rented) | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | |
| JT | Wright Patman Cong. Fed. Credit Union (Interest bearing checking account) | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| JT | Presidential Savings, Wash. D.C. (Savings account) | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Anchor Nat. Life Insurance Co. Denver, CO (IRA) | | | X | | | | | | | | | | | X | | | | N/A | | | | | | | | | | | N/A |
| S | Anchor Nat. Life Insurance Co. Denver, CO (IRA) | | | X | | | | | | | | | | | X | | | | N/A | | | | | | | | | | | N/A |
| | Wright Patman Cong. Fed. Credit Union (IRA) | | | X | | | | | | | | | | | X | | | | N/A | | | | | | | | | | | N/A |

For additional assets and unearned income, use next page



Schedule III

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Samuel Gejdenson

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S | Wright Patman Cong. Fed. Credit Union (IRA) | | | X | | | | | | | | | | X | | | N/A | | | | | | | | | | N/A |
| S | Georgia Power (Bonds, 2004) | | | X | | | | | | | | | | X | | | | | | | X | | | | | | |
| S | Reliance Group (Bonds, 1988) | | | X | | | | | | | | | | X | | | | | | X | | | | | | | |



Schedule III—Continuation

Reporting Individual's Name: Samuel Gejdenson

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| B, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | None | | | | | | | | | | | |

Reporting Individual's Name: Samuel Gejdenson

## SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | Mellon Mortgage Co. | Mortgage on: 110 3rd Street, NE Washington, D.C. | | | | X | | | |
| | Eastern Savings & Loan Norwich, CT | Campaign Loan | | | | X | | | |
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## SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| None | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

Samuel Gejdenson

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Beth Hillel Congregation Wilmette, IL(Speaking engagement) | 11-8-92 | Wash., D.C. - Chicago - Wash., D.C. | N | N | None | None |
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| Reporting Individual's Name |
|---|
| Samuel Gejdenson |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| None | |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 28.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | |
| | | |
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| | | |

GPO: 1992 89-834A (pb)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
OFFICE OF ...
1993 MAY 13 PM 1:26

(8)

HAND DELIVERED
(Office Use Only)

GEORGE W. GEKAS
(Full Name)

732 SOUTH 25TH STREET
(Mailing Address)

HARRISBURG PENNSYLVANIA 17111

Daytime Telephone: 202-225-4315

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: PA District: 17th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** **DATE (Month, Day, Year)**

Reporting Individual's Name
GEORGE W. GEKAS

## SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $8,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | GORDON D MYERS, M.D., P.C. | SPOUSE SALARY | NA |
| | COMMONWEALTH OF PENNSYLVANIA - STATE EMPLOYES' RETIREMENT SYSTEM | PENSION | 14,020 |
| | U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES, REGION III, D.O.F., M/S # 5 | SPOUSE CONSULTING FEE | NA |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
GEORGE W. GEWAS

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

| BLOCK A Asset and/or Income Source | | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Dauphin Deposit Bank (IRA) Harrisburg PA. | | | | | | X | | | | | | | | | X | | | | | | NA - IRA | | | | | | | | | | |
| S | Prudential Securities (IRA) New York, NY (see Exhibit A) | | | | | | | | X | | | | | | | X | | | | | | NA - IRA | | | | | | | | | | |
| S | Mutual Life Insurance of NY (IRA) Purchase, NY | | | | | X | | | | | | | | | | X | | | | | | NA - IRA | | | | | | | | | | |
| | Congressional Federal C.U. Washington, DC | | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Dauphin Deposit Bank Harrisburg, PA | | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Mid Penn Bank Millersburg PA | | | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page



Schedule III
CONTINUED

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: GEORGE W. GEKAS

| S, DC, JT | BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.) | BLOCK B Valuation of Asset: Year End Value (X) – None | A Less than $1,001 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) – DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) – None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | HARRIS SAVINGS ASSOCIATION HARRISBURG, PA | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | U.S. SAVINGS BONDS EE | | | | | X | | | | | | | | X | | | | | X | | | | | | | | | | X |
| | DEAN, WITTER, REYNOLDS, INC. UNIT MUNICIPAL INV. TRUST FUND | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | EQUITABLE LIFE ASSURANCE MILFORD, CT. | | | | | | | | | | LIFE INSURANCE | | | X | | | | | | | X | | | | | | | | |
| | FINANCIAL INDUSTRIAL FUND DENVER, CO | | | X | | | | | | | | | | X | X | | | | | X | | | | | | | | | |
| S | CCNB CORPORATION STOCK | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | | |
| | CCNB CORPORATION STOCK [ONE-HALF INTEREST] | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| S | HARRIS SAVINGS ASSOCIATION HARRISBURG, PA | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| JT | CCNB BANK, N.A. CAMP HILL, PA | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | MERCHANTS BANK READING, PA | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| S | DAUPHIN DEPOSIT BANK HARRISBURG, PA | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | |
| S | 124 DOAS STREET HARRISBURG, PA | | | | | | X | | | | | X | | | | | | | | | | | X | | | | | | |
| S | NEW YORK LIFE INSURANCE CO. NEW YORK, NY Policy #1 | | | | | | | | | | LIFE INSURANCE | | | X | | | | | X | | | | | | | | | | SEE EXHIBIT C |
| S | NEW YORK LIFE INSURANCE CO NEW YORK NY: Policy #2 | | | | | | | | | | LIFE INSURANCE | | | X | | | | | X | | | | | | | | | | SEE EXHIBIT C |
| | CCNB BANK, N.A. CAMP HILL, PA | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: GEORGE N GERAS

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| S, DC, JT | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S | 50% INTEREST IN ESTATE OF LOUIS CHARAS | | | | X | | | | | | EXHIBIT C | | | | | | NONE - REAL ESTATE NOT RENTED | X | | | | | | | | | | | |

Reporting Individual's Name: George W. Gekas

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| B, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | CCNB Corporation Stock (1/2 interest) | | X | | 2-24-92 | | X | | | | | |
| | CCNB Corporation Stock (1/2 interest) | | X | | 3-16-92 | | X | | | | | |
| | U.S. Savings Bonds "EE" | X | | | 12-21-92 | X | | | | | | |
| | U.S. Savings Bonds "EE" | X | | | 1-25-92 | X | | | | | | |

Reporting Individual's Name

George W Gekas

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| S | PNC Mortgage Service Co, Louisville, Ky | Mortgage 124 Boas St. Harrisburg, PA | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| - None - | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

**GEORGE W. GEKAS**
**FINANCIAL DISCLOSURE STATEMENT: 1992**

**Exhibit A**

Schedule III - Assets
Prudential Securities - Spouse - IRA

Assets Related to the IRA Account on December 31, 1992:

| | Value |
|---|---|
| AIM Equity Funds, Inc. - Charter Fund | $15,001 - $50,000 |
| AIM Equity Funds, Inc. - Constellation Fund | $5,001 - $15,000 |
| Phoenix Balanced Fund | $15,001 - $50,000 |
| FHLMC Remic Series 1133N | $15,001 - $50,000 |
| CD Lasalle (Exchange) National Bank | $15,001 - $50,000 |
| Cash | $201 - $1,000 |

**Exhibit B**

Schedule III - assets
New York Life Insurance: Policies #1 & #2

Spouse was beneficiary of 2 life insurance policies in 1991. The 1991 financial disclosure statement disclosed interest paid on death benefits. There was no interest to report in 1992 since the policies no longer existed in 1992.

**Exhibit C**

Schedule III - assets
50% interest in Estate of Louis Charas
Assets within Estate - Probate Process not complete

| | Value |
|---|---|
| 732 S. 25th Street, Harrisburg, PA - House | $15,001 - $50,000 |
| 313 S. 31st Street, Harrisburg, PA - House | $50,001 - $100,000 |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(9)

Richard A. Gephardt
(Full Name)

H-148, The Capitol — 225-0100
(Mailing Address) — Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: Missouri District: 03 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

mc HAND DELIVERED
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (with more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Richard A. Gephardt

**DATE (Month, Day, Year)** May 17, 1993

Reporting Individual's Name
Gephardt, Richard A.

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Northern Virginia Medical Association | Spouse salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Gephardt, Richard A.

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | AFL-CIO | Speech | Nov. 12, 1992 | $2,000.00 |
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Reporting Individual's Name
Gephardt, Richard A.

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| JT | Investment Co. of America | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | X |
| JT | Washington Mutual Fund | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| JT | 1/2 Interest Lot 26, Corolla Light, Corolla, North Carolina | | | | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | X |
| JT | New Perspectives Fund | | | X | | | | | | | | | | | | | X | | | IRA Distribution | | | | | X | | | | | | | X |
| JT | Alan Weiss (2nd Mortgage) | | | * | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | *paid off during 1992 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name
Gephardt, Richard A.

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| JT | Investment Company of America | | X | | 2/26/92 | X | | | | | | |
| JT | Investment Company of America | | X | | 4/14/92 | X | | | | | | |
| JT | Investment Company of America | | X | | 7/02/92 | X | | | | | | |
| JT | Washington Mutual Fund | | X | | 2/26/92 | X | | | | | | |
| JT | Washington Mutual Fund | | X | | 4/14/92 | X | | | | | | |
| JT | Washington Mutual Fund | | X | | 7/02/92 | X | | | | | | |
| JT | 1/2 Interest Lot 26, Corolla Light, Corolla, NC | | X | | 3/04/92 | | | | X | | | |
| JT | New Perspectives Fund | | * | | 8/10/92 | X | | | | | | |
| | *IRA Distribution | | | | | | | | | | | |

Reporting Individual's Name
Gephardt, Richard A.

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | Cenit Bank | Mortgage on Lot 26, Corolla Light, Corolla, NC | | | | X | | | |
| JT | O-B Ventures | Mortgage on Lot 26, Corolla Light, Corolla, NC | X | | | | | | |
| JT | Northwestern University | Student loan | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs Joseph H Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name
Gephardt, Richard A.

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| See Attachment | | | | | | | |
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Reporting Individual's Name
GEPHARDT, RICHARD A.

## ATTACHMENT TO SCHEDULE VII - FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

| Source | Date(s) | Point of Departure | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| National Legislative Education Foundation | 1/30-31/92 | Washington, DC - Piney Point, MD - Washington, DC | Y | Y | N | N |
| Glaxco Corp. | 2/14-16/92 | Washington, DC - Orlando, FL | Y | Y | Spouse | N |
| AFL-CIO | 2/16-18/92 | Orlando, FL - Miami, FL - Washington, DC | Y | Y | Spouse | N |
| Alabama Democratic Leadership Conference | 3/23/92 | Washington, DC - Birmingham, AL | N | N | N | N |
| Harvard University | 5/4/92 | Washington, DC - Boston, MA - Washington, DC | N | N | N | N |
| Duquesne University | 6/14/92 | Pittsburgh, PA - New York City, NY | N | N | N | N |
| Firing Line | 9/3-4/92 | Washington, DC - Memphis, TN - Washington, DC | Y | Y | N | N |
| National Legislative Education Foundation | 11/8-10/92 | Chicago, IL - Los Angeles, CA - Chicago, IL - Atlanta, GA - Washington, DC | Y | Y | N | N |
| AFL-CIO | 11/12/92 | Washington, DC - Miami, FL - Washington, DC | N | N | N | N |

Reporting Individual's Name
Gephardt, Richard A.

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Institute Board | Public Policy School, Duke University (uncompensated) |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO: 1992 56-933A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(Full Name) PRESTON M. (PETE) GEREN III

(Mailing Address) 1730 Longworth House Office Building

Washington, D. C. 20515

Daytime Telephone 202/225-5071

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: TEXAS District: 12 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

HAND DELIVERED

(Office Use Only)

29

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

**SIGNATURE OF REPORTING INDIVIDUAL**

**DATE (Month, Day, Year)** May 17, 1993

Reporting Individual's Name

PETE GEREN

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | SEE PAGES 6 THRU 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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For additional assets and unearned income, use next page



Schedule III

Reporting Individual's Name
PETE GEREN

## SCHEDULE IV – TRANSACTIONS

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20. | | Type of Transaction (X) | | | | Amount of Transaction | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S, DC, JT | Identification of Assets | Purchase | Sale | Exchange | DATE (MO, DAY, YR) | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | see pages 24 thru 27 | | | | | | | | | | | |

Reporting Individual's Name
PETE GEREN

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | SEE PAGE 28 | | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

| Reporting Individual's Name |
| --- |
| PETE GEREN |

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
| SEE PAGE 29 | |
| | |
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## SCHEDULE IX—AGREEMENTS - NONE

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
| NONE | | |
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| | | |
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GPO: 1982 96-835A (m)

| $ DC JT | BLOCK A ASSET AND/OR INCOME SOURCE | NONE | A | B | C | D | E | F | G | EXPLANATION OF ALTERNATIVE VALUATION | DIVIDEND | RENT | INTEREST | CAPITAL GAINS | OTHER INCOME | NONE | I | II | III | IV | V | VI | VII | VIII | IX | BLOCK D TRANSACTION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | .031250 MI IN 5282.9 ACS IN ISAAC SUTTON SURV & PARTS OF VAR SURV INCL J HUGHES & W MURPHY SURV JACK CO TX, COCA COLA LSE #16734,MINERAL ASSETS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | VALUED AT THREE (3) TIMES THE 1992 INCOME | | | | | OIL & GAS INCOME | | | | | V | | | | | |
| | 1/3 INTEREST IN 4829 DEXTER, FORT WORTH, TEXAS | | | | C | | | | | | | RENT (GROSS) | | | | | | | III | | | | | | | |
| | 1100 TERRACE, FORT WORTH, TEXAS | | | | C | | | | | | | RENT (GROSS) | | | | | | | | IV | | | | | | |
| | 1409 - 1411 FIFTH AVENUE, FORT WORTH, TEXAS | | | | C | | | | | | | RENT (GROSS) | | | | | | | | | V | | | | | |
| | 1413 - 1415 SEVENTH AVENUE, FORT WORTH, TEXAS | | | | C | | | | | | | RENT (GROSS) | | | | | | | | | V | | | | | |
| | 1421 - 1423 FIFTH AVENUE, FORT WORTH, TEXAS | | | | | D | | | | | | RENT (GROSS) | | | | | | | | IV | | | | | | |
| | 1723 COLLEGE, FORT WORTH, TEXAS | | | | C | | | | | | | RENT (GROSS) | | | | | | | | | V | | | | | |
| | 27% INTEREST IN 5000-5004 BIRCHMAN, FORT WORTH, TEXAS | | | | C | | | | | | | RENT (GROSS) | | | | | | | | IV | | | | | | |
| | 3224 GORDON, FORT WORTH, TEXAS | | | | C | | | | | | | RENT (GROSS) | | | | | | | | | V | | | | | |
| | 3918 MODLIN, FORT WORTH, TEXAS | | | | | D | | | | | | RENT (GROSS) | | | | | | | | | V | | | | | |

| S DC JT | BLOCK A ASSET AND/OR INCOME SOURCE | NONE | A | B | C | D | E | F | G | EXPLANATION OF ALTERNATIVE VALUATION | DIVIDEND | RENT | INTEREST | CAPITAL GAINS | OTHER INCOME | NONE | I | II | III | IV | V | VI | VII | VIII | IX | BLOCK D TRANSACTION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ABBOTT LABS,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | DIVIDEND | | | | | | | II | | | | | | | | |
| | ALABAMA ST DTD 04/15/83 8.10% 09/01/1996,MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | E | | | | | | | INTEREST | | | | | | | | V | | | | | |
| | ALCO STD CORP.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | | | | | | NONE | | | | | | | | | | X |
| | ALLIED-SIGNAL INC.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | DIVIDEND | | | | | | I | | | | | | | | | X |
| | AMERICAN HOME PRODS CORP,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | D | | | | | | DIVIDEND | | | | | | | | III | | | | | | | |
| | AMERICAN INTL GROUP INC,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | D | | | | | | DIVIDEND | | | | | | | II | | | | | | | | |
| | AMERICAN PRESIDENT CO. LTD.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | NONE | | | | | | | | | DIVIDEND | | | | | | I | | | | | | | | | X |
| | AMERICAN TEL & TELEG CO.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | DIVIDEND | | | | | | I | | | | | | | | | X |

| S DC JT | BLOCK A ASSET AND/OR INCOME SOURCE | NONE | A | B | C | D | E | F | G | EXPLANATION OF ALTERNATIVE VALUATION | DIVIDEND | RENT | INTEREST | CAPITAL GAINS | OTHER INCOME | NONE | I | II | III | IV | V | VI | VII | VIII | IX | BLOCK B TRANSACTION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | AMGEN CORP.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | B | | | | | | | | | | | | NONE | | | | | | | | | | X |
| | ANHEUSER BUSCH COS.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | DIVIDEND | | | | | | | II | | | | | | | | |
| | ART AND ANTIQUE INVESTMENT | | | | | | E | | | | | | | | | NONE | | | | | | | | | | |
| | BAINBRIDGE TAX EXEMPT PORTFOLIO (RECEIVED IN EXCHANGE OF TAX-FREE CASH RESERVE, INC., INSTITUTIONAL SERIES, CASH EQUIVALENTS),MONEY MARKET FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | | | F | | | | | INTEREST | | | | | II | | | | | | | | X |
| S | BANK ONE IRA, DALLAS, TEXAS (CERTIFICATES OF DEPOSIT) | | | B | | | | | | | | | | | | N/A | | | | | | | | | | |
| | BANKAMERICA CORP.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | DIVIDEND | | | | | | | II | | | | | | | | X |
| | BLACK & DECKER CORP.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | NONE | | | | | | | | | DIVIDEND | | | | | | I | | | | | | | | | X |
| DC | BOWIE CITY, TEXAS, REGISTERED BOND ZERO COUPON MATURING 2/1/2000,BOND | | | | C | | | | | | | | | | | NONE | | | | | | | | | | |
| | BRISTOL MYERS SQUIBB CO.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | NONE | | | | | | | | | DIVIDEND | | | | | | | | III | | | | | | | X |

| $ DC JT | BLOCK A ASSET AND/OR INCOME SOURCE | NONE | A | B | C | D | E | F | G | EXPLANATION OF / ALTERNATIVE VALUATION | DIVIDEND | RENT | INTEREST | CAPITAL GAINS | OTHER INCOME | NONE | I | II | III | IV | V | VI | VII | VIII | IX | BLOCK D TRANSACTION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | BRITISH PETROLEUM PLC,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | NONE | | | | | | | | | DIVIDEND | | | | | | | | III | | | | | | | X |
| | BROWN-LUPTON, OIL & GAS ROYALTY INTEREST, JACK COUNTY, TEXAS | | | B | | | | | | VALUED AT THREE (3) TIMES THE 1992 INCOME | | | | | OIL & GAS R.I. (GROSS) | | | | | IV | | | | | |
| DC | BRYAN, TEXAS, GENERAL OBLIGATION ZERO COUPON MATURING 2/15/2003,BOND | | | B | | | | | | | | | INTEREST | | | | | II | | | | | | | | |
| DC | BRYAN, TEXAS, REGISTERED BOND 6.0% MATURING 7/1/2006,BOND | | | B | | | | | | | | | | | | NONE | | | | | | | | | | |
| | CBS INC.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | DIVIDEND | | | | | | I | | | | | | | | | X |
| | CHEMICAL BANKING CORP.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | DIVIDEND | | | | | | I | | | | | | | | | X |
| | COCA COLA WAREHOUSE 12.500% INTEREST OWNED UNDIVIDED INTEREST IN 4920 NORTHWEST PKWY, FORT WORTH, TEXAS,REAL ESTATE (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | E | | | | | | | | | | NONE | | | | | | | | | | |
| | COCA-COLA, OIL & GAS ROYALTY INTEREST, JACK COUNTY, TEXAS | | | | C | | | | | VALUED AT THREE (3) TIMES THE 1992 INCOME | | | | | OIL & GAS R.I. (GROSS) | | | | | V | | | | | |
| | COMPUTER INPUT SERVICES,STOCK | | | B | | | | | | | | | | | | NONE | | | | | | | | | | |

| S DC JT | BLOCK A ASSET AND/OR INCOME SOURCE | NONE | A | B | C | D | E | F | G | EXPLANATION OF ALTERNATIVE VALUATION | DIVIDEND | RENT | INTEREST | CAPITAL GAINS | OTHER INCOME | NONE | I | II | III | IV | V | VI | VII | VIII | IX | BLOCK D TRANSACTION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | CONNECTICUT ST HGS FIN AUTH DTD 09/01/82 10.50% 11/15/1993,MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | | | INTEREST | | | | | | | IV | | | | | | |
| | CORPUS CHRISTI TEX ISD 6.30% 08/15/2001,MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | | E | | | | | | INTEREST | | | | | | | | V | | | | | |
| | CRAY RESH INC.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | NONE | | | | | | | | | | | | | | NONE | | | | | | | | | | X |
| | CSX CORP.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | B | | | | | | | DIVIDEND | | | | | | | II | | | | | | | | |
| | D & W SPECIAL FUND - INTEREST IN BUSINESS & PARTNERSHIPS, c/o DUDLEY & COMPANY, NEW YORK, NY | | | | | D | | | | NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/92 | | | | | | NONE | | | | | | | | | | |
| | DALLAS TEX WTRWKS & SAN SWR SYS REV DTD 04/01/81 9.50% 04/01/1993/91,MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | D | | | | | | | INTEREST | | | | | | | IV | | | | | | |
| | DILLARD DEPT STORES CL A,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | B | | | | | | | DIVIDEND | | | | | | I | | | | | | | | |

| S DC JT | BLOCK A ASSET AND/OR INCOME SOURCE | NONE | A | B | C | D | E | F | G | EXPLANATION OF ALTERNATIVE VALUATION | DIVIDEND | RENT | INTEREST | CAPITAL GAINS | OTHER INCOME | NONE | I | II | III | IV | V | VI | VII | VIII | IX | BLOCK D TRANSACTION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | DISNEY WALT CO,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | D | | | | | DIVIDEND | | | CAPITAL GAIN | | | | | | | V | | | | | X |
| | DIXON 1-6, WORKING INTEREST, COCHRAN COUNTY, TEXAS | | | | | C | | | | VALUED AT THREE (3) TIMES THE 1992 INCOME | | | | | OIL & GAS W.I. (GROSS) | | | | | | V | | | | | |
| | ESTACADO PETROLEUM, INC.,STOCK | | | B | | | | | | | | | | | | NONE | | | | | | | | | | |
| | FEDERAL HOME LOAN MORTGAGE,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | C | | | | | DIVIDEND | | | | | | | II | | | | | | | | |
| | FEDERAL NATIONAL MORTGAGE ASSN,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | D | | | | | DIVIDEND | | | | | | | | III | | | | | | | |
| DC | FIDELITY INVESTMENT GROWTH & INCOME PORTFOLIO,MUTUAL FUND | | | B | | | | | | | | | | CAPITAL GAIN | | | I | | | | | | | | | X |
| | FORT WORTH CLUB - MAKER - NOTES RECEIVABLE, | | | | | C | | | | GREATEST VALUE DURING THE CALENDAR YEAR | | | | | | NONE | | | | | | | | | | X |
| | FORT WORTH TEX ARPT IMPT AUTH INC ARPT IMPT REV AMERICAN AIRLNS PROJ DTD 12/01/82 9.25% 12/01/1992,MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | NONE | | | | | | | | | | | INTEREST | | | | | | | IV | | | | | | X |
| | FRG INFORMATION SYSTEMS CORP. FOR PHILLIPS PETROLEUM SECURITIES LITIGATION (STOCK SOLD 12/24/84),STOCK | NONE | | | | | | | | | | | | CAPITAL GAIN | | | | II | | | | | | | | X |

| S DC JT | BLOCK A ASSET AND/OR INCOME SOURCE | NONE | A | B | C | D | E | F | G | EXPLANATION OF ALTERNATIVE VALUATION | DIVIDEND | RENT | INTEREST | CAPITAL GAINS | OTHER INCOME | NONE | I | II | III | IV | V | VI | VII | VIII | IX | BLOCK D TRANSACTION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | FWC PARTNERS, A PARTNERSHIP IN FORT WORTH, TEXAS | | | | C | | | | | NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/92 | | | | | PARTNERSHIP | | | | III | | | | | | | X |
| | GENERAL ELEC CO,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | D | | | | | | DIVIDEND | | | | | | | | III | | | | | | | |
| | GENERAL MLS INC,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | D | | | | | | DIVIDEND | | | | | | | | III | | | | | | | |
| | GENERAL MTRS CORP CL E,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | DIVIDEND | | | | | | | II | | | | | | | | |
| | GLAXO HLDGS PLC SPONSORED ADR,COMMON STOCK - FOREIGN (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | DIVIDEND | | | | | | | II | | | | | | | | |
| | GOODYEAR TIRE & RUBBER,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | DIVIDEND | | | | | | I | | | | | | | | | X |
| | GREAT LAKES CHEM CORP.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | DIVIDEND | | | | | | I | | | | | | | | | |
| | HAWKINS, OIL & GAS ROYALTY INTEREST, WOOD COUNTY, TEXAS | | | B | | | | | | VALUED AT THREE (3) TIMES THE 1992 INCOME | | | | | OIL & GAS R.I. (GROSS) | | | II | | | | | | | |

| S DC JT | BLOCK A ASSET AND/OR INCOME SOURCE | NONE | A | B | C | D | E | F | G | EXPLANATION OF ALTERNATIVE VALUATION | DIVIDEND | RENT | INTEREST | CAPITAL GAINS | OTHER INCOME | NONE | I | II | III | IV | V | VI | VII | VIII | IX | BLOCK B TRANSACTION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | HEALTHSOUTH REHAB CP,STOCK | | | B | | | | | | | | | | | | NONE | | | | | | | | | | |
| | HENDERSON STREET JOINT VENTURE, APARTMENT COMPLEX AND LOTS, DOWNTOWN FORT WORTH, TEXAS - 41.1% INTEREST (JOINT VENTURE IS NOW DEFUNCT) | NONE | | | | | | | | | | | | | | NONE | | | | | | | | | | X |
| | HEWLETT PACKARD CO.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | B | | | | | | | DIVIDEND | | | | | | I | | | | | | | | | X |
| | HOME DEPOT INC.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | B | | | | | | | DIVIDEND | | | | | | I | | | | | | | | | X |
| | HONEYWELL INC.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | DIVIDEND | | | | | | | II | | | | | | | | X |
| | HUB HILL #1, ROYALTY INTEREST, JACK COUNTY, TEXAS, | | | B | | | | | | | | | | | | NONE | | | | | | | | | | |
| | INTEL CORP.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | DIVIDEND | | | | | | I | | | | | | | | | X |
| | INTERNATIONAL PAPER CO,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | NONE | | | | | | | | | DIVIDEND | | | CAPITAL GAIN | | | | | III | | | | | | | X |
| DC | IRVING, TEXAS, FLOOD CONTROL DISTRICT 3, ZERO COUPON MATURING 9/1/2005,STOCK | | | | C | | | | | | | | | | | NONE | | | | | | | | | | |
| | JACKSONVILLE FLA ELEC AUTH REV ST JONS RIV PWR PK SYS DTD 05/01/83 8.50% 10/01/1996,MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | D | | | | | | | INTEREST | | | | | | | | V | | | | | X |

| SP DC JT | BLOCK A ASSET AND/OR INCOME SOURCE | NONE | A | B | C | D | E | F | G | EXPLANATION OF ALTERNATIVE VALUATION | DIVIDEND | RENT | INTEREST | CAPITAL GAINS | OTHER INCOME | NONE | I | II | III | IV | V | VI | VII | VIII | IX | BLOCK D TRANSACTION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | JESSIE PARTNERS, OIL & GAS INVESTMENTS, FORT WORTH, TEXAS, 40% INTEREST IN PARTNERSHIP | | | | | D | | | | NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/92 | | | | | PARTNERSHIP | | | | | | | VI | | | | |
| | JOHNSON & JOHNSON,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | | E | | | | DIVIDEND | | | | | | | | III | | | | | | | |
| | JOHNSON CNTY KANS UNI SCH DIST DTD 11/15/1992 5.1% DUE 9/1/2000,MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | D | | | | | | | | | | NONE | | | | | | | | | | X |
| | KING & KHOHONISH CNTYS WASHDTD 3/1/92 6% 12/01/2002,MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | | E | | | | | | INTEREST | | | | | | | IV | | | | | | X |
| | LAGNIAPPE OIL PARTNERS, OIL & GAS INVESTMENTS, FORT WORTH, TEXAS, 23.5% INTEREST IN PARTNERSHIP | | | | C | | | | | NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/92 | | | | | PARTNERSHIP | | | | | | | | VII | | | |
| | LAYDEN "A", OIL & GAS ROYALTY INTEREST, REEVES COUNTY, TEXAS | | A | | | | | | | VALUED AT THREE (3) TIMES THE 1992 INCOME | | | | | OIL & GAS R.I. (GROSS) | | I | | | | | | | | | |
| | LGS GODLEY RANCH, GODLEY, TEXAS,STOCK | | | | C | | | | | | | | | | | NONE | | | | | | | | | | |
| | LGS-GODLEY RANCH CO.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | | | | | | NONE | | | | | | | | | | |

| S DC JT | BLOCK A ASSET AND/OR INCOME SOURCE | NONE | A | B | C | D | E | F | G | EXPLANATION OF ALTERNATIVE VALUATION | DIVIDEND | RENT | INTEREST | CAPITAL GAINS | OTHER INCOME | NONE | I | II | III | IV | V | VI | VII | VIII | IX | BLOCK D TRANSACTION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | LONG TERM MUNICIPAL BOND FUND (FORMERLY KNOWN AS NCNB LONG TERM TAX EXEMPT FUND - NAME CHANGE 5/12/92),COMMON TRUST FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | | E | | | | | | INTEREST | CAPITAL GAIN | | | | | | V | | | | | | X |
| | LOUISIANA PAC CORP.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | DIVIDEND | | | | | | I | | | | | | | | | X |
| | LOUISIANA STATE DTD 09/01/78 5.20% 09/01/1996,MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | D | | | | | | | INTEREST | | | | | | | IV | | | | | | |
| | MADDOG, INC. - 1/3 INTEREST IN BUILDING AT 1222 WSW LOOP 323 IN TYLER, TEXAS, SINCE 2/91. RENTAL PROPERTY SINCE MAY, 1991. | | A | | | | | | | | | | | | | NONE | | | | | | | | | | |
| | MADDOG, INC. - MAKER - NOTES RECEIVABLE | | | | | | E | | | GREATEST VALUE DURING THE CALENDAR YEAR | | | | | | NONE | | | | | | | | | | |
| | MANSFIELD JOINT VENTURE, 2 ACRES, TARRANT COUNTY, TEXAS, 7.89% INTEREST IN PARTNERSHIP | | | | | D | | | | NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/92 | | | | | | NONE | | | | | | | | | | |
| | MAPLE WELBORN JOINT VENTURE, 3700 MAPLE AVENUE, DALLAS, TEXAS, 12.50% IN PARTNERSHIP | | | B | | | | | | NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/92 | | | | | | NONE | | | | | | | | | | |

| $ DC JT | BLOCK A ASSET AND/OR INCOME SOURCE | NONE | A | B | C | D | E | F | G | EXPLANATION OF ALTERNATIVE VALUATION | DIVIDEND | RENT | INTEREST | CAPITAL GAINS | OTHER INCOME | NONE | I | II | III | IV | V | VI | VII | VIII | IX | BLOCK D TRANSACTION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | MC LESTER, OIL & GAS ROYALTY INTEREST, REEVES COUNTY, TEXAS (VALUED AT LESS THAN $1000 IN 1991) | | A | | | | | | | VALUED AT THREE (3) TIMES THE 1992 INCOME | | | | | OIL & GAS R.I. (GROSS) | | | II | | | | | | | |
| | MELLON BANK CORP.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | | | | | | NONE | | | | | | | | | | X |
| | MICROSOFT CORP.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | B | | | | | | | | | | | | NONE | | | | | | | | | | X |
| | MOBIL CORP.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | | | | | | NONE | | | | | | | | | | X |
| | MONSANTO CO.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | NONE | | | | | | | | | DIVIDEND | | | CAPITAL GAIN | | | | | III | | | | | | X |
| | MOTOROLA INC.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | DIVIDEND | | | | | | | II | | | | | | | |
| | NCNB INTERMEDIATE TAX EXEMPT FUND, COMMON TRUST FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES) - SEE TEXAS MUNICIPAL BOND FUND - NAME CHANGE 5/12/92),STOCK | NONE | | | | | | | | | | | | | | NONE | | | | | | | | | | X |
| | NCNB LONG TERM TAX EXEMPT FUND (NAME CHANGED TO LONG TERM MUNICIPAL BOND FUND 5/12/92),COMMON TRUST FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | NONE | | | | | | | | | | | | | | NONE | | | | | | | | | | X |

| S DC JT | BLOCK A ASSET AND/OR INCOME SOURCE | NONE | A | B | C | D | E | F | G | EXPLANATION OF ALTERNATIVE VALUATION | DIVIDEND | RENT | INTEREST | CAPITAL GAINS | OTHER INCOME | NONE | I | II | III | IV | V | VI | VII | VIII | IX | BLOCK D TRANSACTION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | NORTH SLOPE BORO ALASKA DTD 02/10/83 9.50% 02/10/1993,MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | | E | | | | | | INTEREST | | | | | | | | V | | | | | |
| | NORTH TEX MUN WTR DIST TEX WTRWKS REV DTD 06/01/81 10.00% 09/01/1995,MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | D | | | | | | | INTEREST | | | | | | | IV | V | | | | | |
| | OREGON ST VET WELFARE LXIII N/C DTD 07/01/80 7.50% DUE 01/01/97,MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | D | | | | | | | INTEREST | | | | | | | IV | | | | | | |
| | ORLANDO FLA UTILS DTD 12/01/1992 5% DUE 10/01/1999,MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | | E | | | | | | | | | NONE | | | | | | | | | | X |
| | OVERTON BANCSHARES, INC.,STOCK | | | | | | | F | | | DIVIDEND | | | | | | | | III | | | | | | | |
| | OVERTON BANK & TRUST MONEY MARKET ACCOUNT (FORMERLY KNOWN AS OVERTON PARK BANK) | | | B | | | | | | | | | INTEREST | | | | I | | | | | | | | | |
| S | OVERTON BANK & TRUST SAVINGS ACCOUNT (FORMERLY KNOW AS OVERTON PARK BANK) | | | B | | | | | | | | | INTEREST | | | | I | | | | | | | | | |
| DC | OVERTON BANK & TRUST SAVINGS ACCOUNTS (FORMERLY KNOWN AS OVERTON PARK BANK),STOCK | | A | | | | | | | | | | INTEREST | | | | I | | | | | | | | | |
| | OWENSBORO KY ELEC LT & PWR RV DT 08/01/78 6.30% 01/01/1995,MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | D | | | | | | | INTEREST | | | | | | | IV | | | | | | |

| S DC JT | BLOCK A ASSET AND/OR INCOME SOURCE | NONE | A | B | C | D | E | F | G | EXPLANATION OF ALTERNATIVE VALUATION | DIVIDEND | RENT | INTEREST | CAPITAL GAINS | OTHER INCOME | NONE | I | II | III | IV | V | VI | VII | VIII | IX | BLOCK B TRANSACTION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | PAINE WEBBER GROUP INC.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | DIVIDEND | | | | | | | II | | | | | | | | |
| | PALL CORP.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | NONE | | | | | | | | | DIVIDEND | | | CAPITAL GAIN | | | | | | IV | | | | | | X |
| | PEPSICO INC,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | DIVIDEND | | | | | | | II | | | | | | | | X |
| | PERSONAL REAL ESTATE FUND,COMMON TRUST FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | | RENT | | | | | | II | | | | | | | | |
| | PETE GEREN FOR CONGRESS - NOTES RECEIVABLE | | | | | | | F | | GREATEST VALUE DURING THE CALENDAR YEAR | | | | | | NONE | | | | | | | | | | X |
| DC | PHILADELPHIA, PA, MUNI AUTHORITY BUILDING LEASE RENTAL, ZERO COUPON MATURING 3/15/2008,BOND | | | | C | | | | | | | | | | | NONE | | | | | | | | | | |
| | PHILIP MORRIS COS INC,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | D | | | | | DIVIDEND | | | | | | | | | IV | | | | | | |
| | PIONEER STOR & LOK - FT WORTH, LTD 12.5% INTEREST OWNED 8717 WEST FREEWAY, FORT WORTH, TEXAS,REAL ESTATE (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | | | | | | NONE | | | | | | | | | | |
| | PRUDENTIAL COMMAND MONEY FUND,STOCK | | | B | | | | | | | DIVIDEND | | | | | | I | | | | | | | | | |

| S DC JT | BLOCK A ASSET AND/OR INCOME SOURCE | NONE | A | B | C | D | E | F | G | EXPLANATION OF ALTERNATIVE VALUATION | DIVIDEND | RENT | INTEREST | CAPITAL GAINS | OTHER INCOME | NONE | I | II | III | IV | V | VI | VII | VIII | IX | BLOCK B TRANSACTION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | PRUDENTIAL IRA (PRUDENTIAL MONEYMART ASSETS), | | A | | | | | | | | | | | | | N/A | | | | | | | | | | |
| | PRUDENTIAL IRA (PRUDENTIAL UTILITY FUND CLASS A), | | | | C | | | | | | | | | | | N/A | | | | | | | | | | |
| | RAMON DELGADO - NOTES RECEIVABLE | | | | C | | | | | GREATEST VALUE DURING THE CALENDAR YEAR | | | INTEREST | | | | | | | IV | | | | | | |
| | ROSS, OIL & GAS ROYALTY INTEREST, UPTON COUNTY, TEXAS | | | B | | | | | | VALUED AT THREE (3) TIMES THE 1992 INCOME | | | | | OIL & GAS R.I. (GROSS) | | | II | | | | | | | |
| | RT. 1 BOX 338, CHAPMAN CT., ALEDO, PARKER COUNTY, TEXAS, PLUS ADJOINING 30.76 ACRES | | | | | E | | | | | | RENT (GROSS) | | | | | | | | | V | | | | | |
| | S.E.BUCKSHOT #1 PROSPECT (FROST), INVESTMENT IN OIL & GAS PROPERTY IN COCHRAN, TEXAS, 3% INTEREST | | | | C | | | | | | | | | | OIL & GAS W.I. (GROSS) | | | | | | V | | | | | |
| | SAN ANTONIO TEX ELEC & GAS REV DTD 02/01/79 6.00% 02/01/2003,MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | E | | | | | | | INTEREST | | | | | | | | V | | | | | |
| | SARASOTA CNTY FLA DTD 9/1/90 6.90% 7/1/98,MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | E | | | | | | | INTEREST | | | | | | | | V | | | | | |
| | SCHERING PLOUGH CORP,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | D | | | | | | DIVIDEND | | | | | | | III | | | | | | | | |

| $ DC JT | BLOCK A ASSET AND/OR INCOME SOURCE | NONE | A | B | C | D | E | F | G | EXPLANATION OF ALTERNATIVE VALUATION | DIVIDEND | RENT | INTEREST | CAPITAL GAINS | OTHER INCOME | NONE | I | II | III | IV | V | VI | VII | VIII | IX | BLOCK D TRANSACTION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | SCHLUMBERGER LTD,COMMON STOCK - FOREIGN (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | DIVIDEND | | | | | | | II | | | | | | | | |
| | SELF-SECURED MINI STORAGE - GARLAND, TEXAS, 14.53% INTEREST IN PARTNERSHIP OF WAREHOUSES | | | | | D | | | | NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/92 | | | | | PARTNERSHIP | | | | | IV | | | | | | |
| | SEWELL "40" #1, OIL & GAS INTEREST, JACK COUNTY, TEXAS | | A | | | | | | | VALUED AT THREE (3) TIMES THE 1992 INCOME | | | | | OIL & GAS W.I. (GROSS) | | I | | | | | | | | | |
| | SOUTHWEST AIRLS CO.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | DIVIDEND | | | | | | I | | | | | | | | | |
| | STRATUS COMPUTER,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | NONE | | | | | | | | | | | | | | NONE | | | | | | | | | | X |
| | SUPERIOR, OIL & GAS ROYALTY INTEREST, MARTIN COUNTY, TEXAS | | A | | | | | | | VALUED AT THREE (3) TIMES THE 1992 INCOME | | | | | OIL & GAS R.I. (GROSS) | | I | | | | | | | | | |
| | T2 MEDICAL INC.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | NONE | | | | | | | | | | | | | | NONE | | | | | | | | | | X |
| | TANDY CORP.,STOCK | | | B | | | | | | | DIVIDEND | | | | | | I | | | | | | | | | |

| S DC JT | BLOCK A ASSET AND/OR INCOME SOURCE | NONE | A | B | C | D | E | F | G | EXPLANATION OF ALTERNATIVE VALUATION | DIVIDEND | RENT | INTEREST | CAPITAL GAINS | OTHER INCOME | NONE | I | II | III | IV | V | VI | VII | VIII | IX | BLOCK B TRANSACTION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DC | TARRANT COUNTY, TEXAS, HFC SFM REVENUE-A MBIA-RYAN MORTGAGE CO.-C/I 9.625% REGD-DATED 4/1/1985 XORD CALL MATURES 3/15/1997,BOND | | | B | | | | | | | | | | | | NONE | | | | | | | | | | X |
| | TAX-FREE CASH RESERVE, INC. INSTITUTIONAL SERIES (EXCHANGED FOR BAINBRIDGE TAX EXEMPT PORTFOLIO),MONEY MARKET FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | NONE | | | | | | | | | | | INTEREST | | | | | | | | | VI | | | | X |
| | TELEFON DE MEX L"AD,COMMON STOCK - FOREIGN (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | | | | | | NONE | | | | | | | | | | X |
| | TEXAS MUNICIPAL BOND FUND (FORMERLY KNOWN AS NCNB INTERMEDIATE TAX EXEMPT FUND - NAME CHANGE 5/12/92),COMMON TRUST FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | | F | | | | | | INTEREST | | | | | | | | | VI | | | | X |
| DC | TEXAS MUNICIPAL POWER AGENCY REVENUE, SERIES 20, ZERO COUPON MATURING 9/1/1995,STOCK | | | B | | | | | | | | | | | | NONE | | | | | | | | | | |
| | TEXAS MUNICIPAL POWER REVENUE BONDS | NONE | | | | | | | | | | | INTEREST | | | | | II | | | | | | | | X |
| | TEXAS ST DTD 6/1/90 6.60% 10/1/97,MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | | E | | | | | | INTEREST | | | | | | | | V | | | | | |
| | TEXAS UTILITIES CO.,STOCK | | | B | | | | | | | DIVIDEND | | | | | | I | | | | | | | | | |
| | THERMO ELECTRON CORP.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | B | | | | | | | | | | | | NONE | | | | | | | | | | |

| S DC JT | BLOCK A ASSET AND/OR INCOME SOURCE | NONE | A | B | C | D | E | F | G | EXPLANATION OF ALTERNATIVE VALUATION | DIVIDEND | RENT | INTEREST | CAPITAL GAINS | OTHER INCOME | NONE | I | II | III | IV | V | VI | VII | VIII | IX | BLOCK D TRANSACTION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | THERMO FIBERTEK INC. RIGHTS,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | NONE | | | | | | | | | | | | CAPITAL GAIN | | | I | | | | | | | | | X |
| | TOUCHSTONE MEDICAL SYSTEMS, INC. - MAKER - NOTES RECEIVABLE | | | | | | E | | | GREATEST VALUE DURING THE CALENDAR YEAR | | | | | | NONE | | | | | | | | | | X |
| | TOUCHSTONE MEDICAL SYSTEMS, INC. - MANAGEMENT OF PHYSICAL RESTORATION CENTERS - 8% INTEREST IN S-CORPORATION | NONE | | | | | | | | | | | | | | NONE | | | | | | | | | | X |
| | TRANSAMERICA GROWTH & INCOME FUND/COMMERCE INCOME (VALUE UNDER $1000 IN 1991 AND INCOME LESS $200),STOCK | | | B | | | | | | | DIVIDEND | | | | | | I | | | | | | | | | |
| | TROY ALA INDL DEV BRD REV AKWELL INDS INC PROJ DTD 05/01/80 8.75% 07/01/1994,MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | | | INTEREST | | | | | | III | | | | | | | |
| | U3T INC.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | DIVIDEND | | | | | | | II | | | | | | | | |
| | WAL MART STORES INC,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | | | E | | | | DIVIDEND | | | CAPITAL GAIN | | | | | | | V | | | | | X |
| | WARNER LAMBERT CO,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | NONE | | | | | | | | | DIVIDEND | | | CAPITAL GAIN | | | | | | | | VI | | | | X |

| S DC JT | BLOCK A ASSET AND/OR INCOME SOURCE | NONE | A | B | C | D | E | F | G | EXPLANATION OF ALTERNATIVE VALUATION | DIVIDEND | RENT | INTEREST | CAPITAL GAINS | OTHER INCOME | NONE | I | II | III | IV | V | VI | VII | VIII | IX | BLOCK D TRANSACTION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | WHEELABRATOR TECHNOLOGIES INC.,COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | C | | | | | | | | | | | NONE | | | | | | | | | | X |
| | WISCONSIN ST VET MTG REV DTD 05/01/80 8.75% 07/01/1994,MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | D | | | | | | | | INTEREST | | | | | | | IV | | | | | | |
| | YSLETA TX ISD DTD 11/01/1992 5.1% DUE 8/15/1999,MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | | E | | | | | | | | | | | NONE | | | | | | | | | | X |

| S DC JT | IDENTIFICATION OF ASSETS | PURCHASE | SALE | EXCHANGE | PURCHASE DATE | SALE DATE | EXCHANGE DATE | A | B | C | D | E | F |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ALCO STD CORP., COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 12-31-92 | | | | | C | | | |
| | ALLIED-SIGNAL INC., COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 09-15-92 | | | | | C | | | |
| | AMERICAN PRESIDENT CO. LTD., COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | X | | | 03-23-92 | | | B | | | | |
| | AMERICAN TEL & TELEG CO., COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 09-14-92 | | | | | C | | | |
| | AMGEN CORP., COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 05-13-92 | | | | B | | | | |
| | BAINBRIDGE TAX EXEMPT PORTFOLIO (RECEIVED IN EXCHANGE OF TAX-FREE CASH RESERVE, INC., INSTITUTIONAL SERIES, CASH EQUIVALENTS), MONEY MARKET FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | X | | | 11-30-92 | | | | | | G |
| | BANKAMERICA CORP., COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 03-16-92 | | | | | C | | | |
| | BLACK & DECKER CORP., COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 03-17-92 | | | | B | | | | |
| | BLACK & DECKER CORP., COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | X | | | 09-15-92 | | | B | | | | |
| | BLACK & DECKER CORP., COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 04-02-92 | | | | B | | | | |
| | BRISTOL MYERS SQUIBB CO., COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | X | | | 12-31-92 | | | | C | | | |
| | BRITISH PETE PLC, COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | X | | | 04-02-92 | | | | C | | | |
| | CBS INC., COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L HOLMES) | X | | | 09-18-92 | | | | | C | | | |
| | CHEMICAL BANKING CORP., COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 09-14-92 | | | | | C | | | |

| S DC JT | IDENTIFICATION OF ASSETS | PURCHASE | SALE | EXCHANGE | PURCHASE DATE | SALE DATE | EXCHANGE DATE | A | B | C | D | E | F |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | CRAY RESH INC., COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | X | | | 04-30-92 | | | | C | | | |
| | DISNEY WALT CO COM, COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | X | | | 12-31-92 | | | | C | | | |
| DC | FIDELITY INVESTMENT GROWTH & INCOME PORTFOLIO, MUTUAL FUND | X | | | 05-27-92 | | | | B | | | | |
| | FORT WORTH CLUB - MAKER - NOTES RECEIVABLE (EXCHANGED FOR CAPITAL IN FWC PARTNERS) | | | X | | | 05-01-92 | | | C | | | |
| | FORT WORTH TEX ARPT IMPT AUTH INC ARPT IMPT REV AMERICAN AIRLNS PROJ DTD 12/01/82 9.25% 12/01/1992, MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | X | | | 12-01-92 | | | | C | | | |
| | FRG INFORMATION SYSTEMS CORP. FOR PHILLIPS PETROLEUM SECURITIES LITIGATION (STOCK ORIGINALLY SOLD 12/24/84), STOCK | | X | | | 02-03-92 | | A | | | | | |
| | FWC PARTNERS (CAPITAL IN PARTNERSHIP IN EXCHANGE FOR FORT WORTH CLUB NOTES RECEIVABLE) | | | X | | | 05-01-92 | | | C | | | |
| | GOODYEAR TIRE & RUBBER, COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 04-02-92 | | | | B | | | | |
| | GOODYEAR TIRE & RUBBER, COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 12-31-92 | | | | B | | | | |
| | HENDERSON STREET JOINT VENTURE, APARTMENT COMPLEX AND LOTS, DOWNTOWN FORT WORTH, TEXAS - 41.1% INTEREST (NOW DEFUNCT) | | X | | | 03-10-92 | | | B | | | | |
| | HEWLETT PACKARD CO., COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 02-19-92 | | | | B | | | | |
| | HOME DEPOT INC., COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 04-02-92 | | | | B | | | | |
| | HONEYWELL INC., COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 01-22-92 | | | | | C | | | |
| | INTEL CORP., COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 02-12-92 | | | | | C | | | |
| | INTEL CORP., COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 04-09-92 | | | | B | | | | |
| | INTERNATIONAL PAPER CO, COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | X | | | 11-18-92 | | | | C | | | |
| | JACKSONVILLE FLA ELEC AUTH REV ST JOHN RIV PWR PK SYS DTD 05/01/83 8.50% 10/01/1996, MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | X | | | 10-01-92 | | | B | | | | |
| | JOHNSON CNTY KANS UNI SCH DIST DTD 11/15/1992 5.1% DUE 9/1/2000, MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 11-24-92 | | | | | | D | | |

| $ DC JT | IDENTIFICATION OF ASSETS | PURCHASE | SALE | EXCHANGE | PURCHASE DATE | SALE DATE | EXCHANGE DATE | A | B | C | D | E | F |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | KING & KNOWONISN CNTYS WASHDTO 3/1/92 6% 12/01/2002, MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 03-26-92 | | | | | | D | | |
| | LONG TERM MUNICIPAL BOND FUND (FORMERLY KNOW AS NCNB LONG TERM TAX EXEMPT FUND - NAME CHANGE 5/12/92), COMMON TRUST FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | X | | | 05-12-92 | | | | | E | |
| | LOUISIANA PAC CORP., COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 04-20-92 | | | | B | | | | |
| | MELLON BANK CORP., COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 11-30-92 | | | | | C | | | |
| | MICROSOFT CORP., COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 04-20-92 | | | | B | | | | |
| | MOBIL CORP., COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 12-31-92 | | | | | C | | | |
| | MONSANTO CO., COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | X | | | 07-28-92 | | | | C | | | |
| | NCNB INTERMEDIATE TAX EXEMPT FUND (NAME CHANGED TO TEXAS MUNICIPAL BOND FUND 5/12/92), COMMON TRUST FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | X | | | 05-12-92 | | | | | | F |
| | NCNB LONG TERM TAX EXEMPT FUND (NAME CHANGED TO LONG TERM MUNICIPAL BOND FUND 5/12/92), COMMON TRUST FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | X | | | 05-12-92 | | | | | E | |
| | ORLANDO FLA UTILS DTD 12/01/1992 5% DUE 10/01/1999, MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 12-31-92 | | | | | | D | | |
| | PALL CORP., COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | X | | | 09-14-92 | | | B | | | | |
| | PEPSICO INC COM, COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 01-23-92 | | | | B | | | | |
| | PETE GEREN FOR CONGRESS - NOTES RECEIVABLE (RECEIVED PRINCIPAL REDUCTION) | | X | | | 12-31-92 | | | | | D | | |
| | PETE GEREN FOR CONGRESS - NOTES RECEIVABLE (RECEIVED PRINCIPAL REDUCTION) | | X | | | 02-05-92 | | | B | | | | |
| | STRATUS COMPUTER INC., COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | X | | | 12-31-92 | | | | C | | | |

| S DC JT | IDENTIFICATION OF ASSETS | PURCHASE | SALE | EXCHANGE | PURCHASE DATE | SALE DATE | EXCHANGE DATE | A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | T2 MEDICAL INC., COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | X | | | 07-02-92 | | | X | | | | | |
| | T2 MEDICAL INC., COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 04-02-92 | | | | X | | | | | |
| DC | TARRANT COUNTY, TEXAS, HFC SHF REVENUE-A MBIA-RYAN MORTGAGE CO.-C/I 9.625% REGD-DATED 4/1/1985 XORD CALL MATURES 3/15/1997, BOND | X | | | 06-08-92 | | | | X | | | | | |
| | TAX-FREE CASH RESERVE, INC. INSTITUTIONAL SERIES (EXCHANGED FOR BAINBRIDGE TAX EXEMPT PORTFOLIO), MONEY MARKET FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | X | | | 11-30-92 | | | | | | | G |
| | TELEFON DE MEX L"AD, COMMON STOCK FOREIGN (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 12-31-92 | | | | | X | | | | |
| | TEXAS MUNI POWER REVENUE BONDS | | X | | | 09-01-92 | | | X | | | | | |
| | TEXAS MUNICIPAL BOND FUND (FORMERLY KNOWN AS NCNB INTERMEDIATE TAX EXEMPT FUND - NAME CHANGE 5/1/92), COMMON TRUST FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | | X | | | 05-12-92 | | | | | F | | |
| | THERMO FIBERTEK INC. RIGHTS, COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | X | | | 10-26-92 | | | X | | | | | |
| | THERMO FIBERTEK INC. RIGHTS, COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 10-15-92 | | | | X | | | | | |
| | TOUCHSTONE MEDICAL SYSTEMS, INC. (S-CORPORATION DEFUNCT IN 1992) | | X | | | 12-01-92 | | | X | | | | | |
| | TOUCHSTONE MEDICAL SYSTEMS, INC. - MAKER - NOTES RECEIVABLE (CORPORATION DEFUNCT IN 1992 - NOTES RECEIVABLE IS WORTHLESS), | | X | | | 12-01-92 | | | | | | E | | |
| | WAL MART STORES INC COM, COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | X | | | 12-31-92 | | | X | | | | | |
| | WARNER LAMBERT CO COM, COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | | X | | | 04-13-92 | | | | X | | | | |
| | WHEELABRATOR TECHNOLOGIES INC., COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 12-31-92 | | | | | X | | | | |
| | YSLETA TX ISD DTD 11/01/1992 5.1% DUE 8/15/1999, MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES) | X | | | 12-10-92 | | | | | | D | | | |

| S,DC,JT | CREDITOR | TYPE OF LIABILITY | A | B | C | D | E | F |
|---|---|---|---|---|---|---|---|---|
| | BANK ONE, N.A., FORT WORTH, TEXAS | MORTGAGE ON 5000 - 5004 BIRCHMAN, FORT WORTH | | | C | | | |
| | BOBBY O'NEAL, JOSHUA, TEXAS | MORTGAGE ON 1723 COLLEGE AVENUE, FORT WORTH, TEXAS | A | | | | | |
| | DR. WAI HONG YIP, SAN FRANCISCO, CALIFORNIA | MORTGAGE ON 3224 GORDON, FORT WORTH, TEXAS | | B | | | | |
| | FOSTER MORTGAGE CORPORATION, FORT WORTH, TEXAS | MORTGAGES ON 1409/1411 FIFTH AVENUE, 1421/1423 FIFTH AVENUE, AND 1413/1415 SEVENTH AVENUE, FORT WORTH, TEXAS | | | | | E | |
| | FOSTER MORTGAGE CORPORATION, FORT WORTH, TEXAS, TRANSFERRED TO NATIONAL MORTGAGE CORPORATION, DENVER, COLORADO, EFFECTIVE 4/1/92) | MORTGAGE ON RT. 1, BOX 338, CHAPMAN COURT, ALEDO, TEXAS | | | C | | | |
| | IRA BUTLER, JR. TRUSTEE, FORT WORTH | MORTGAGE ON 3918 MODLIN, FORT WORTH, TEXAS | | B | | | | |
| | LOUISE RUSSELL, SHREVEPORT, LOUISIANA | MORTGAGE ON 1100 TERRACE, FORT WORTH, TEXAS | | B | | | | |
| | PETER SCHWARTZ, JOHN'S ISLAND, SOUTH CAROLINA | MORTGAGE ON 30.76 ACRES ADJOINING RT. 1, BOX 338, ALEDO, TEXAS | | B | | | | |
| | TEAM BANK, FORT WORTH, TEXAS (PAID OFF DECEMBER 31, 1992) | BUSINESS LOAN | | | | | E | |
| | WALLY CLOSNER, FORT WORTH, TEXAS | MORTGAGE ON 1723 COLLEGE AVENUE, FORT WORTH, TEXAS | | | C | | | |

| POSITIONS | NAME OF ORGANIZATION |
|---|---|
| MANAGING PARTNER | 4829 DEXTER JOINT VENTURE |
| PARTNER | D & W SPECIAL FUND |
| MANAGING PARTNER | ESTACADO EXPLORATION 1982-1, LTD. |
| VICE-PRESIDENT & DIRECTOR | ESTACADO PETROLEUM, INC. |
| MANAGING PARTNER | JESSIE PARTNERS |
| MANAGING PARTNER | LAGNIAPPE OIL PARTNERS |
| VICE-PRESIDENT/TREASURER | LGS-GODLEY RANCH CO., INC. |
| PRESIDENT/VICE-PRESIDENT/SECRETARY/TREASURER | MADDOG, INC. |
| PARTNER | MANSFIELD JOINT VENTURE |
| PARTNER | MAPLE-MELBORN JOINT VENTURE |
| JOINT INTEREST OWNER | MEADOWHERE JOINT VENTURE (5000-5004 BIRCHMAN, FORT WORTH, TEXAS) |
| PARTNER | SELF-SECURED MINI-STORAGE, GARLAND |
| BOARD OF VISITORS | UNIVERSITY OF TEXAS LAW SCHOOL |
| MANAGING PARTNER | WILBUR PARTNERS |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

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WND DEPOSIT
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(Office Use Only)

Sam M. Gibbons
(Full Name)

2204 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515
Daytime Telephone: 202/225-3376

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [XX] Member of the U.S. House of Representatives | State: Florida District: 7/'92 & 11/93 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [XX] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Sam M. Gibbons

**DATE (Month, Day, Year)** April 21, 1993

Reporting Individual's Name

Sam M. Gibbons

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | State of Florida | Legislative pension | $2,129 |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
Sam M. Gibbons

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| Securities Industries Association, Washington, D.C. | Speech | Jan. 28, 1992 | $2,000 |
| Intl. Committee, American Insurance Assn., Washington, D.C. | Speech | Jan. 28, 1992 | $2,000 |
| American Advertising Federation, Washington, D.C. | Speech | Mar. 17, 1992 | $1,000 |
| Chemical Manufacturers Association, Washington, D.C. | Speech | Apr. 9, 1992 | $ 500 |
| Footwear Distributors & Retailers of America, Washington, D.C. | Speech | Apr. 12, 1992 | $2,000 |
| General Electric Conference on International Trade Regulations, Washington, D.C. | Speech | Apr. 27, 1992 | $2,000 |
| American International Automobile Dealers Association, Washington, D.C. | Speech | May 19, 1992 | $2,000 |
| Distilled Spirits Council of the United States, Washington, D.C. | Speech | June 3, 1992 | $2,000 |
| Shipbuilders Council of America, Arlington, VA | Speech | June 3, 1992 | $2,000 |
| American Council of Life Insurance, Washington, D.C. | Speech | June 12, 1992 | $1,000 |
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**Reporting Individual's Name**
Sam M. Gibbons

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| | BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,201 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Transaction (X) |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | |
| JT | Home - 2300 N. Gulf Blvd., Unit 2A, Belleair Beach, FL | | | | | | X | | | | | | X | | | | | |
| " | Stock - Florida Land Title, dba Stewart Title, Tampa, FL | | | X | | | | | | | | X | | | | | | |
| " | House of Representatives Fed. Credit Union Accounts, Washington, D.C. | | | X | | | | | | | | | | X | | | | |

| | BLOCK C Income: Other Income (Specify type) | Category of Amount of Income (X): None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | |
| | George Wash. Credit Union Accounts | | | | | X | | | | | |
| | 182 Main Street, Dover, Delaware | | | | X | | | | | | |
| JT | Home - 2300 N. Gulf Blvd., Unit 2A, Belleair Beach, FL | | | | | X | | | | | |
| " | Stock - Florida Land Title, dba Stewart Title, Tampa, FL | | | X | | | | | | | |
| " | House of Representatives Fed. Credit Union Accounts, Washington, D.C. | | X | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name
Sam M. Gibbons

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Trustee | Battle of Normandy Foundation, non-profit, Washington, D.C. |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | Receive small pension (reported under earned income) from the State of Florida because of | |
| | my ten years in the Florida State Legislature (1952-1962). | |
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GPO: 1986 [illegible]

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

Wayne T. Gilchrest
(Full Name)

Route 448, P.O. Box 84
(Mailing Address)

Kennedyville, Md., 21645
Daytime Telephone: 410-348-2018

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives — State: Maryland District: First | [ ] Officer or Employee | Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? If yes, Complete and Attach Schedule I. | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, Complete and Attach Schedule VI. | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, Complete and Attach Schedule II. | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, Complete and Attach Schedule VII. | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, Complete and Attach Schedule III. | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, Complete and Attach Schedule VIII. | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, Complete and Attach Schedule IV. | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? If yes, Complete and Attach Schedule IX. | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, Complete and Attach Schedule V. | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Wayne T. Gilchrest

DATE (Month, Day, Year): 4/12/93



SENT BY:WAYNE GILCHREST CTOUN 05-27-93 06:21PM 13017795560+

Reporting Individual's Name

Wayne T. Gilchrest

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $5,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Movie King, Inc. | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Wayne T. Gilchrest

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

| BLOCK A Asset and/or Income Source | | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | |
| JT | Peoples Bank of Kent County | | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| S | Peoples Bank of Kent County | | | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | |
| JT | Sears Mortgage Company | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| JT | Federal Employees Credit Union | | | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | |
| JT | Certificates of Deposit | | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
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For additional assets and unearned income, use next page



Schedule III

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

Wayne T. Gilchrest
(Full Name)

Route 448, P.O. Box 84
(Mailing Address)

Kennedyville, Md., 21645
Daytime Telephone: 410-348-2018

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: Maryland District: First | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (*See* 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Wayne T. Gilchrest

**DATE (Month, Day, Year)** 5-11-93

Reporting Individual's Name

Wayne T. Gilchrest

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Movie King, Inc. | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

**Reporting Individual's Name**
Wayne T. Gilchrest

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| JT | Peoples Bank of Kent County | | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| S | Peoples Bank of Kent County | | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Sears Mortgage Company | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Federal Employees Credit Union | | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Certificates of Deposit | | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
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**For additional assets and unearned income, use next page**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

MAY 17

Paul E. Gillmor
(Full Name)

7750 N. Co. Rd. 51, Old Fort, Ohio 44861 — 202-225-6405
(Mailing Address) — Daytime Telephone

HAND DELIVERED

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|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Ohio District: 5th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

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## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| X Paul E. Gillmor | May 17, 1993 |

Reporting Individual's Name
Paul E. Gillmor

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | State of Ohio | Spouse salary | NA |
| | Public Employees Retirement System of Ohio | Pension | $33,931.00 |
| | Ohio Chiropractic Assn. | Spouse speech | 300.00 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Paul E. Gillmor

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| Health and Life Organizations, Washington, D.C. | Speech | April 29, 1992 | $500.00 |
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**Reporting Individual's Name**
Paul E. Gillmor

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | Bank Ohio - account | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | ongressional Credit Union - account | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Cooker Restaurants - stock | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | X |
| | Dealers Alliance - stock | | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Dealers Alliance - debenture | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | X |
| | FERS - Thrift Savings | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page



Schedule III

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Paul E. Gillmor

| S, DC, JT | BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.) | BLOCK B Valuation of Asset: Year End Value (X) A None | B Less than $1,001 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) None | I Less than $201 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Paul M. Gillmor Co. - stock | | | | | X | | | | | | X | | | | | | | | X | | | | | | | | | |
| JT | Household Bank - account | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Matlock, Inc. - stock | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Max & Erma's Restaurants - stock | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Merrill Lynch Municipal Investment Fund | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | X |
| | Old Fort Bank - accounts | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Old Fort Bank - IRA | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Old Fort Bank - stock | | | | | | | | X | | | X | | | | | | | | | | | X | | | | | | |
| | Price New Horizons Fund - stock | | | | X | | | | | | | X | | | X | | | | | | | | X | | | | | | |
| | Republic Old - stock | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Rollins Environmental - stock | | | | | | X | | | | | X | | | | | | | | | | | X | | | | | | |
| | Rollins Truck Leasing - stock | | | | | | X | | | | | X | | | | | | | | | | | X | | | | | | X |
| | Chas. Schwab - brokerage account | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Merrill Lynch - brokerage acc't | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Solar Cells, Inc. - stock | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Paul E. Gillmor

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCERPTED TRUST QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | Templeton Emerging Markets - Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 20th Century Select Fund | | | | | X | | | | | | X | | | X | | | | | | X | | | | | | | |
| | Bayshore Leasing - stock | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Part Interest: 225 W. Third St, Columbus, Ohio | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Part Interest: 148 Wilbur, Columbus, Ohio | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | A M International | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | American General | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| S | Dealers Alliance - debenture | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| S | Northwest Gas | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| S | Southwest Gas | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| S | Household Bank - account | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | |
| S | Gulf Broadcast | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
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Reporting Individual's Name
Paul E. Gillmor

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Rollins Truck Leasing - stock | | X | | 2-6-92 | | X | | | | | |
| | Cooker Restaurants - stock | | X | | 2-24-92 | X | | | | | | |
| | Merrill Lynch Municipal Income Fund - stock | | X | | 5-1-92 | | X | | | | | |
| | Rollins Truck Leasing - stock | | X | | 5-7-92 | | X | | | | | |
| | Dealers Alliance Corp. - debenture | X | | | 5-13-92 | | X | | | | | |
| | Dealers Alliance Corp. - debenture | X | | | 6-29-92 | X | | | | | | |
| | Central Reserve Life - stock | | X | | 7-23-92 | X | | | | | | |
| | Central Reserve Life - stock | | X | | 9-24-92 | X | | | | | | |
| | Merrill Lynch Municipal Income Fund - stock | | X | | 10-14-92 | | X | | | | | |
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Reporting Individual's Name
Paul E. Gillmor

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Perpetual Federal, Urbana, Ohio | Mortgage on: 225 W. Third Columbus, Ohio | X | | | | | | |
| | Perpetual Federal, Urbana, Ohio | Mortgage on: 148 Wilbur Columbus, Ohio | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name
Paul E. Gillmor

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | American Medical Assn | Feb 27-Mar 1 | Columbus, Ohio - Palm Beach - Columbus | Y | Y | spouse | N |
| | Ohio Bankers Assn. | Aug 30-Sept 2 | White Sulphur Springs transportation not provided | Y | Y | spouse | N |
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Reporting Individual's Name
Paul E. Gillmor

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Director | Dealers Alliance Corp. |
| Director | Old Fort Banking Co. |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO: 1993 [illegible]

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
10
HAND DELIVERED
MC
(Office Use Only)

Paul E. Gillmor
(Full Name)

7750 No. Co. Rd. 51, Old Fort, Ohio 44861 — (Mailing Address)

202-225-6405 — Daytime Telephone:

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Ohio District: 5th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [ ] Annual (May 15) | [X] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| Paul E. Gillmor | May 27, 1993 |

Reporting Individual's Name
Paul E. Gillmor

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $8,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | State of Ohio | Spouse salary | NA |
| | Public Employees Retirement System of Ohio | Pension | $33,931.00 |
| | Ohio Chiropractic Assn. | Spouse speech | 300.00 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Paul E. Gillmor

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | Health and Life Organizations, Washington, D.C. | Speech | April 29, 1992 | $500.00 |
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Reporting Individual's Name
Paul E. Gillmor

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14-18.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | Bank Ohio - account | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | onqressional Credit Union - account | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Cooker Restaurants - stock | | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | X |
| | Dealers Alliance - stock | | | | | | | X | | | | | X | | | | | | | | | X | | | | | | | | |
| | Dealers Alliance - debenture | | | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | X |
| | FERS - Thrift Savings | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Paul E. Gillmor

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Year End Value (X) | | | | | | | | | | Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | |
| S, DC, JT | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | Transaction (X) |
| | Paul M. Gillmor Co. - stock | | | | | X | | | | | | X | | | | | | | | X | | | | | | | | | |
| JT | Household Bank - account | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Matlock, Inc. - stock | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Max & Erma's Restaurants - stock | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Merrill Lynch Municipal Investment Fund | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | X |
| | Old Fort Bank - accounts | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Old Fort Bank - IRA | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Old Fort Bank - stock | | | | | | | | X | | | X | | | | | | | | | | | X | | | | | | |
| | Price New Horizons Fund - stock | | | X | | | | | | | | X | | | X | | | | | | | | X | | | | | | |
| | Republic Old - stock | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Rollins Environmental - stock | | | | | | X | | | | | X | | | | | | | | | | | X | | | | | | |
| | Rollins Truck Leasing - stock | | | | | | X | | | | | X | | | | | | | | | | | X | | | | | | X |
| | Chas. Schwab - brokerage account | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Merrill Lynch - brokerage acc't | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Solar Cells, Inc. - stock | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Paul E. Gillmor

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Year End Value (X) | | | | | | | | | | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | |
| S, DC, JT | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| | Templeton Emerging Markets - Stock | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | |
| | 20th Century Select Fund | | | | X | | | | | | | X | | | X | | | | | | | | X | | | | | | |
| | Bayshore Leasing - stock | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Progressive Corp - stock | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Thermocolor - stock | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Part Interest: 148 Wilbur, Columbus, Ohio | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | Part Interest: 225 W. Third St. Columbus, Ohio | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | A M Internationl | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | American General | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| S | Dealers Alliance - debenture | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| S | Northwest Gas | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| S | Southwest Gas | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| S | Household Bank - account | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
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Reporting Individual's Name
Paul E. Gillmor

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Rollins Truck Leasing - stock | | X | | 2-6-92 | | X | | | | | |
| | Cooker Restaurants - stock | | X | | 2-24-92 | X | | | | | | |
| | Merrill Lynch Municipal Income Fund - stock | | X | | 5-1-92 | | X | | | | | |
| | Rollins Truck Leasing - stock | | X | | 5-7-92 | | X | | | | | |
| | Dealers Alliance Corp. - debenture | X | | | 5-13-92 | | X | | | | | |
| | Dealers Alliance Corp. - debenture | X | | | 6-29-92 | X | | | | | | |
| | Central Reserve Life - stock | | X | | 7-23-92 | X | | | | | | |
| | Central Reserve Life - stock | | X | | 9-24-92 | X | | | | | | |
| | Merrill Lynch Municipal Income Fund - stock | | X | | 10-14-92 | | X | | | | | |
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| Reporting Individual's Name |
|---|
| Paul E. Gillmor |

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 162 Main St. Dover, Del. | | | | X | | | |
| | Perpetual Federal, Urbana, Ohio | Mortgage on: 225 W. Third Columbus, Ohio | X | | | | | | |
| | Perpetual Federal, Urbana, Ohio | Mortgage on: 148 Wilbur Columbus, Ohio | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name
Paul E. Gillmor

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | American Medical Assn | Feb 27-Mar 1 | Columbus, Ohio - Palm Beach - Columbus | Y | Y | spouse | N |
| | Ohio Bankers Assn. | Aug 30-Sept 2 | White Sulphur Springs transportation not provided | Y | Y | spouse | N |
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Reporting Individual's Name

Paul E. Gillmor

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 23.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Director | Dealers Alliance Corp. |
| Director | Old Fort Banking Co. |
| | |
| | |
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| | |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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GPO: 1992 [illegible]

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

Benjamin A. Gilman
(Full Name)

2185 Rayburn House Office Building, Washington, DC 20515 — 202 225 3776
(Mailing Address) — Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: New York District: 20th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

(9)

MC

(Office Use Only)

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## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions page 11) | Yes [X] | No [ ] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** — **DATE (Month, Day, Year)** May 6, 1993

Reporting Individual's Name
Benjamin A. Gilman

## SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | New York STate | Pension | 10,518 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Benjamin A. Gilman

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | American Assn. of Vintners | speech | 2-10-92 | 1,000 |
| | 1050 K Street, NW #500, Washington DC 20006 | | | |
| | American Postal Workers Union<br>1300 L Street, NW, Washington, DC 20005 | Speech | Aug 2, 1992 | 2,000 |
| | Epstein, Becker & Green<br>250 Park Avenue, NY, NY 10047 | speech | 4/15/92 | 1,000 |

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Reporting Individual's Name
Benjamin A. Gilman

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| | Middletown Savings Bank South Street, Middletown, NY 10940 | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | |
| | First Federal Savings 22 James Street, Middletown, NY 10940 | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Warwick Savings Bank Crystal Run Mall, Middletown, NY 10940 | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Chemical Bank Dolson Avenue, Middletown, NY 10940 | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| | 16 Orchard Street, Middletown, NY ½ commercial, ½ residential | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Benjamin A. Gilman

| BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.) | S, DC, JT | BLOCK B Valuation of Asset: Year End Value (X) — None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) — DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) — None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Poughkeepsie Savings Bank<br>136 Lakeside Plaza, Newburgh, NY 12550 | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| Congressional Federal Credit Union<br>Washington, DC 20515 TSA Account | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| Congressional Federal Credit Union<br>Washington, DC 20515 | | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| NY Mutual Life Insurance (annuity)<br>720 East Wisconsin Avenue<br>Milwaukee, Wisconsin 53202<br>rollover of Keough retirement plan<br>from MONY Securities | | | | | X | | | | | | | | | | | | | Annuity | | | | X | | | | | | | |

Reporting Individual's Name
Benjamin A. Gilman

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | none | | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| none | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name
Benjamin A. Gilman

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | none | | | | | | | | | | | |

Schedule IV

Reporting Individual's Name
Benjamin A. Gilman

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | National Assn. of Postal Supervisors, 490 L'Enfant Plaza, SW, Washington DC | Aug 13, 1992 | Wash.,DC-Louisville-NY | N | Y | none | n |
| | Pacific Community Institute 350 5th Avenue #3122, NY,NY10118 | Nov 6-12,92 | NY-Bangkok --Yangon-New York | Y | Y | None | n |
| | Miami Congressional Workshop Confernece on Caribbean, 1601 Biscayne Blvd, Miami, Fl. | Dec 1-2, 1992 | Wash,DC-Miami-Wash.,DC | Y | Y | None | n |
| | American Assn. of Vintners 1850 16th Street, NW #500 Washington, DC 20006 | Feb 2, 92 | New York-Philadelphia-New York | N | Y | none | n |
| | National Assn. of Postmasters 8 Herbert Street Alexandria, VA | Aug 24-25, 1992 | New York-Nashville-NewYork | y | y | none | n |
| | American Postal Workers Union 1300 L Street NW Washington, DC @0008 | Aug 2-3,92 | New York-Los Angeles-Wash.,DC | Y | Y | none | n |

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| Reporting Individual's Name |
| --- |
| Benjamin A. Gilman |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 23.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
| Advisory Board | National Service League |
| Member, Board of Directors | World Hunger Year |
| Member, Advisory Council | Lamont-Dougherty Geological Observatory |
| Advisory Board Member | International Managment and Development Institute |
| Honorary Board Member | Hudson-Delaware Council of Boy Scouts of America |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
| | none | |
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GPO: 1992 00-834A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 13 PM 7:54
U.S. HOUSE OF REPRESENTATIVES

(7) INSIDE MAIL

MC
(Office Use Only)

Newt Gingrich
(Full Name)

2428 Rayburn Building
(Mailing Address)

Washington, D. C. 20515

Daytime Telephone: 202 225-2800

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: GA District: 6th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Newt Gingrich

**DATE (Month, Day, Year)** 5-11-93



1202

Reporting Individual's Name
Newt Gingrich

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | IMA Management Training | Speech | 1/23/92 | $1000 |
| | American Council of Life Insurance | Speech | 1/30/92 | $2000 |
| | Laffer, Canto and Associates Washington Seminar | Speech | 3/26/92 | $2000 |
| | National Association of Chemical Distributers | Speech | 4/7/92 | $500 |
| | Executive Enterprise | Speech | 5/14/92 | $1000 |
| | National Retail Federation | Speech | 5/19/92 | $2000 |
| | Institute of Management Accountants | Speech | 6/22/92 | $2000 |
| | Restaurant Association | Speech | 9/15/92 | $2000 |
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Reporting Individual's Name: Newt Gingrich

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| | Baen Publishing Enterprises | | | | | | | | | | | NA | | | | | | | Royalty | | | | X | | | | | | |
| | Wright Patman Credit Union | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | South Trust Bank (checking) | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Nations Bank | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| S | Carrollton Bank (IRA) | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Carrollton Federal (IRA) | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Newt Gingrich

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S | Bank One (checking) | | | x | | | | | | | | | | x | | | | | | x | | | | | | | | |
| S | Merrill Lynch (SEP Plan) | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | |
| S | Boeing Company | | x | | | | | | | | | x | | | | | | | | x | | | | | | | | x |
| S | Alza Corp. Cl A Del | | x | | | | | | | | | x | | | | | | | | x | | | | | | | | x |
| S | Blockbuster Entertainment Corp. | | x | | | | | | | | | x | | | | | | | | x | | | | | | | | x |
| S | Morton International Inc. | | x | | | | | | | | | x | | | | | | | | x | | | | | | | | x |
| S | National Vision Associates Ltd. | | x | | | | | | | | | x | | | | | | | x | | | | | | | | | x |
| S | US Treasury Notes | | x | | | | | | | | | | | x | | | | | | | x | | | | | | | x |
| S | US Treasury Notes | | x | | | | | | | | | | | x | | | | | | x | | | | | | | | x |
| S | Merrill Lynch Moniyield Fund | | x | | | | | | | | | x | | | | | | | | | x | | | | | | | x |
| S | Merrill Lynch | | | x | | | | | | | | x | | | | | | | | | | x | | | | | | |
| S | Syntex Corp. | x | | | | | | | | | | x | | | | | | | | | x | | | | | | | x |
| S | US Treasury Notes | | x | | | | | | | | | | | x | | | | | | | x | | | | | | | x |

Reporting Individual's Name

Newt Gingrich

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| B, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| S | Boeing Company | x | | | 2-14-92 | x | | | | | | |
| S | Syntex Corp. | x | | | 2-14-92 | x | | | | | | |
| S | Syntex Corp. | x | | | 6-18-92 | x | | | | | | |
| S | Syntex Corp. | | x | | 10-23-92 | x | | | | | | |
| S | Alza Corp. Cl A Del | x | | | 6-1-92 | x | | | | | | |
| S | Blockbuster Entertainment Corp. | x | | | 6-1-92 | x | | | | | | |
| S | Horton International Inc. | x | | | 6-1-92 | x | | | | | | |
| S | National Vision Associates LTD | x | | | 10-23-92 | x | | | | | | |
| S | US Treasury Note | x | | | 6-1-92 | x | | | | | | |
| S | US Treasury Note | x | | | 6-1-92 | x | | | | | | |
| S | US Treasury Note | x | | | 6-1-92 | x | | | | | | |
| S | Merrill Lynch Moniyield Quality Fund Inc. | x | | | 6-19-92 | x | | | | | | |
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Reporting Individual's Name

Newt Gingrich

## SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure – Destination(s) – Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar 2 | Wash., D.C. – Chicago – Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C. – Los Angeles – Cleveland | Y | Y | Spouse | 4 Days |
| SEE NEXT PAGE | | | | | | | |

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| SOURCE | DATE(s) | BRIEF DESCRIPTION (ITINERARY AND NATURE OF EXPENSES) |
|---|---|---|
| ·AMWAY | 1/10-11/92 | Air travel Atlanta, GA to Gatlinburg, TN, 2 nights lodging & food, self and spouse |
| GOPAC | 1/12-13/92 | Air travel Gatlinburg, TN to NYC, NY to Pittsburgh, PA to Indianapolis, IN to Chicago, IL |
| DOLLITTLE FOR CONGRESS | 1/14/92 | Air travel Chicago, IL to Sacramento, CA |
| RIGGS FOR CONGRESS | 1/15/92 | Air travel Sacramento, CA to Napa, CA to San Diego, CA |
| GOPAC | 1/16-17/92 | Air travel San Diego, CA to Atlanta, GA, 1 night lodging & food |
| GOPAC | 1/23/92 | Round trip air travel Atlanta, GA to Decatur, AL |
| Bush Campaign | 1/22-23/92 | Air travel Atlanta, GA to Manchester, NH to Washington,D.C., 1 night lodging |
| BROWER FOR CONGRESS & ARIZONA REP. | 2/1-2/92 | Air travel Washington,D.C. to Phoenix, AZ to Atlanta, GA, 1 night lodging & food |
| Pima County Republican Party | 2/1/92 | Air travel Phoenix, AZ to Tucson, AZ |
| Stump for Congress | 2/2/92 | Travel Scottsdale, AZ to Flagstaff, AZ to Phoenix, AZ |
| Gilchrest for Congress | 2/19/92 | Round trip air travel Washington,D.C. to Salisbury, MD |
| GOPAC | 2/21-23/92 | Round trip air travel Atlanta, GA to Charleston, S.C., 2 nights lodging & food, self and spouse |
| Ros-Lehtinen for Congress & Ft.Laud | 3/6-7/92 | Air travel Washington,D.C. to Miami, FL to Atlanta, GA, 2 nights lodging & food, self and spouse |
| Tom Scott for Congress | 3/10/92 | Round trip air travel Washington,D.C. to Hartford, CT |
| Walsh for Congress | 3/17/92 | Round trip air travel Washington, D.C. to Syracuse, NY |
| Paul Henry for Congress | 4/8/92 | Round trip air travel Washington,D.C. to Grand Rapids, MI |
| ·President's Conference/Food Service | 4/10-12/92 | Air travel Washington, D.C., Sea Island, GA to Atlanta, GA, 2 nights lodging & food, self and spouse |
| Edwards for Congress | 4/13-14/92 | Air travel Atlanta, GA to Oklahoma City, OK, 1 night lodging & food |
| GOPAC | 4/14/92 | Air travel Oklahoma City, OK to Houston, TX to Los Angeles, CA to Atlanta, GA |
| Lt.Governor--North Carolina | 8/26-27/92 | Air travel Atlanta/Ga, Ashville, NC, Charlotte, NC, Raleigh, NC, Winston Salem, NC, Greensboro, NC to Atlanta, GA. |
| Lott for Senate | 8/29/92 | Air travel Atlanta, Ga to Pascagoula, MS |
| Paul Harvey for Cong. | 8/29/92 | Air travel Pascagoula, MS to Atlanta, GA |
| GOPAC | 9/8/92 | Air travel Atlanta, GA/Washington, D.C. |
| Ollirakis for Congress | 9/12/92 | Round trip air travel Atlanta, GA/Tampa, FL |
| Dougherty for Congress | 9/21/92 | Air travel Atlanta, GA to Philadelphia, PA, Amtrak travel from Philadelphia, PA to Washington, D.C. |
| GOPAC | 9/26-29/92 | Air travel Atlanta, GA/Palm Beach/FL/Chicago, IL/Cincinnati, OH/Nashville, TN/ Kansas City,KS/LaCrosse,WI/Milwaukee, WI/Detroit/MI/Grand Rapids/MI/Boston, MA/Washington, D.C 3 nights food and lodging |
| Goodling for Congress | 10/6/92 | Round trip air travel Washington, D.C. to Carlisle, PA |
| NJ Rep. Party | 10/16/92 | Round trip Atlanta,Ga/Newark, NJ, 1 night lodging |
| GOPAC | 11/14-16/92 | Car Rental Washington, D.C./Williamsburg, VA, 3 nights food and lodging, self and wife |
| Republican Governors' Conf. | 11/17/92 | Air travel Williamsburg, VA/Delaware, MS |
| ·North Sails Inc. Annual Meeting | 11/17-21/92 | Air travel Delaware,MS to St. Thomas, VI to Atlanta, GA, 4 nights lodging & food, self and spouse |
| GOPAC | 12/18-19/92 | Round trip air travel Atlanta, GA/Tampa, FL, 2 nights lodging & food, self and spouse |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(11)

7 17 4 01

HAND DELIVERED

MC (Office Use Only)

Daniel R. Glickman
(Full Name)

2371 Rayburn House Office Building (202) 225-6216
(Mailing Address) Daytime Telephone:

Washington, D. C. 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Kansas District: Fourth | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from the report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Daniel R. Glickman

DATE (Month, Day, Year): May 17, 1993



1209

Reporting Individual's Name
Glickman, Daniel R.

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | United States House of Representatives -- Congressional Arts CAucus | Spouse Salary | N/A |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

Glickman, Daniel R.

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS / DISTRIBUTIONS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | Glickman, Inc. (Family-owned Subchapter-S Corporation | | | | | | | X | | | | | X | | | | | | | | | | | X | | | | |
| | | | | | | | | | | | | | X | | | | X | | | | | | | | X | | | | |
| | | | | | | | | | | | | | | | | | X | | | | | | | | X | | | | |
| | | | J.M Glickman Trust # 1 (trust assets: working interests in oil and gas leases in various locations in Kansas) | | | X | | | | | | | | | X | | | | | X | | | | | | | | | |
| | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | | | | | | | | | | | | TRUST DISTRIBUTION | | | | | | | | | | | | X | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page



Schedule III

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Glickman, Daniel R.

| S, DC, JT | BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.) | BLOCK B Valuation of Asset: Year End Value (X) A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX over $100,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Glickman Family Trust (Trust assets: cash and real estate in the 600 block of South St., Francis Street in Wichita, Kansas) | | X | | | | | | | | | | | | | | | none in 1992 | X | | | | | | | | | |
| | Conoco Oil and Gas | | X | | | | | | | | | | | | | | | Oil Royalty | | | X | | | | | | | |
| | American Discount Securities - TRA | | | | X | | | | | | | | | | X | | | | | X | | | | | | | | |
| JT | Wright-Patman Federal Credit Union | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| S | Wright-Patman Federal Credit Union | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| S | Wright-Patman Federal Credit Union TRA | | X | | | | | | | | | | | | | | | | X | | | | | | | | | |
| JT | Kansas State Bank and Trust | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| DC | Wright Patman Federal Credit Union | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | |
| DC | Kansas State Bank and TRust | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Amvestors Financial Inc. | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Affiliated Funds Inc. | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | IBM Inc. Common Stock | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Sears Roebuck and Company Common Stock | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Schedule III—Continuation

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Glickman, Daniel R.

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| 1/6 th interest in undeveloped 160 | | | | X | | | | | | | | | | | | | | X | | | | | | | | | gift ~~from~~ - |
| acres "more or less" in Butler County | | | | | | | | | | | | | | | | | | | | | | | | | | | Parent |
| Kansas, near Andover, Kansas | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Daniel R. Glickman, Trustee for the | | | | | X | | | | | | | | | | | | | X | | | | | | | | | gift ~~from~~ |
| Milton Glickman Irrevocable Trust | | | | | | | | | | | | | | | | | | | | | | | | | | | Parent |
| for the benefit of Daniel Glickman. | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Schedule III – Continuation

Reporting Individual's Name
Glickman, Daniel R.

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St Dover, Del | | | | X | | | |
| | Kansas State Bank and Trust | Personal Loan (less than $3500.00) | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs Joseph H Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| Various Mementos under $100.00 | | |
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Use additional sheets if more space is required.

Reporting Individual's Name

Glickman, Daniel R.

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| B, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | N/A | | | | | | | | | | | |

Schedule IV

Reporting Individual's Name
Glickman, Daniel R.

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totaling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | | | | | | | |
| | National Grain Sorghum Producers | 2-17-92 | Roundtrip airfare to Kansas City | N | N | No | No |
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| Reporting Individual's Name |
| --- |
| Glickman, Daniel R. |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
| Director | Glickman Inc., (Family Business) |
| Director | Kansas Arthritis Foundation |
| Director | Sedgwick Co. Mental Health Association |
| Director | Institute for Clinical Research-Wichita, Kansas |
| Director (ex officio) | Big brother-Big Sister of Wichita |
| Member | Kansas Inst. for Law and Conflict Resolution-Advisory Committee |

(ADDITIONAL)

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
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GPO: 1992 50-638A (pa)

Reporting Individual's Name
Glickman, Daniel R.

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Member | Albert Pike Masonic Lodge |
| Member | Distributive Education Clubs of America-Congressional Advisory Board |
| Member | Wichita Aeronautical Historical Association, Advisory Committee |
| Member | Quest, Board of Advisors |
| | |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 28.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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GPO: 1992 90-336A (pg)

Reporting Individual's Name

Glickman, Daniel R.

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | N/A | | | |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 10 PM 7:59

(9)

HENRY B. GONZALEZ
(Full Name)

2413 RAYBURN BLDG, Wash., DC 20515
(Mailing Address) Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives — State: TEXAS District: 20 | ☐ Officer or Employee | Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

MC (Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes ☐ | No ☑ | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes ☐ | No ☑ |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes ☐ | No ☑ | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes ☐ | No ☑ |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes ☐ | No ☑ | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes ☐ | No ☑ |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes ☐ | No ☑ | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes ☐ | No ☑ |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes ☐ | No ☑ | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes ☐ | No ☑ |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes ☐ | No ☑ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Henry B. Gonzalez

DATE (Month, Day, Year): May 6, 1993



1220

Reporting Individual's Name
HENRY B. GONZALEZ

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | NONE | | |

For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
HENRY B. GONZALEZ

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | NONE | | | |

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Schedule II

Reporting Individual's Name
HENRY B GONZALEZ

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | CONG. FED. CREDIT UNION | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | TEXAS BANK, S.A., TEX. | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name
HENRY B. GONZALEZ

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | over $1,000,000 | |
| | FED. CR. UNION – ~~SAVINGS~~ SAVINGS | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | |
| | TEXAS BANK, SAN TEX. SAVINGS | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | |



Schedule III – Continuation

Reporting Individual's Name
HENRY B. GONZALEZ

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | NONE | | | | | | | | | | | |



1225

Reporting Individual's Name
HENRY B GONZALEZ

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | NONE | | | | | | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |

Use additional sheets if more space is required.

Reporting Individual's Name
HENRY B. GONZALEZ

## SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| | Source | Date(s) | Point of Departure – Destination(s) – Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C. – Chicago – Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C. – Los Angeles – Cleveland | Y | Y | Spouse | 4 Days |
| | NONE | | | | | | |

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Reporting Individual's Name
HENRY B. GONZALEZ

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| | |
| | |
| NONE | |
| | |
| | |
| | |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | NONE | |
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GPO: 1982 56-535A (#)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 17 PM 4:11

(10)

**HAND DELIVERED**

(Office Use Only)

Robert W. Goodlatte
(Full Name)

3725 Dogwood Lane, S.W.
(Mailing Address)

202-225-5431
Daytime Telephone:

Roanoke, Virginia 24015

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: Virginia District: 6th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? Not required for new Member **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [NA] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL:** Robert W. Goodlatte

**DATE (Month, Day, Year):** 5-13-93

Reporting Individual's Name
Goodlatte, Robert W.

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $8,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Bird, Kinder & Huffman, P.C., Roanoke, VA | salary | $26,605.35 |
| | Glenn, Flippin, Feldman & Darby, P.C., Roanoke, VA | spouse salary | N/A |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Goodlatte, Robert W.

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | None | | | |
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Schedule II

Reporting Individual's Name
Goodlatte, Robert W.

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | Category of Amount of Income (X) | | | | | | | | | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| JT | Central Fidelity Bank, Roanoke, VA (savings accounts) | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | |
| JT | Nations Bank, Roanoke VA (savings accounts) | | | | | X | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Crestar Bank, Roanoke, VA (IRA) | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| S | Crestar Bank, Roanoke, VA (IRA) | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | |
| JT | Greenwood Trust Co. Delaware (savings account) | | | | | X | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Charter Federal Savings Bank Roanoke, VA (IRA) | | | | | X | | | | | | | | | X | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page



Schedule III

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Goodlatte, Robert W.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST / QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | Connecticut Mutual Life Ins. life ins. cash surrender or value | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| S | CATS-SERD coupon (401k) | | | X | | | | | | | | | | | | | None | X | | | | | | | | | | |
| S | Delaware Group Delcap Fund (401k) | | | X | | | | | | | | | | | | | None | X | | | | | | | | | | |
| S | Duff & Phelps Utilities Income (401k) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| S | GT Global Growth Fund (401k) | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| S | Guardian Park Ave. Fund (401k) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| S | Hanson PLC Spons. ADR (401k) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| S | Houston Industry Warrants (401k) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| S | Kroger Co. Bonds (401k) | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| S | Ray Ellison Alley & Corp. GNMA (401k) | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| S | Salem Bank & Trust NA (401k) | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| S | UGI Corp. 1st Mortgage Bonds (401k) | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| S | USF&G Corp. Warrants (401k) | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | |
| S | Walmart Stores, Inc. Note (401k) | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| S | Bond Fund of America (401k) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Goodlatte, Robert W.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| | Janus Fund (IRA) | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| S | McDonalds Corp. preferred stock (IRA) | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| S | Ford Motor Co. (stock & IRA) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| S | Krisch American Inns (stock & IRA) | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| S | Old Kent Financial Corp (stock& IRA) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| S | GNA Gov't Security Fund (IRA) | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| S | Merrill Lynch Fund for Tomorrow (IRA) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| S | Merrill Lynch Natural Resources Trust (IRA) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| S | Washington Mutual Investors Fund (IRA) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| S | Merrill Lynch Global Bond Fund for Retirement (IRA) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| S | Nicholas Fund, Inc. (IRA) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | American Funds & Tax Exempt Bonds-VA | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Lanns Manus Group (partnership interest in 22 W. Church) | | | | X | | | | | | | | X | | | | | | X | | | | | | | | | | | |
| | Bird, Kinder & Huffman, P.C. stock | | | | | X | | | | | | X | | | | | | See Schedule I | X | | | | | | | | | | | |
| S | Glenn, Flippin, Feldman & Darby stock | | | | | X | | | | | | X | | | | | | | X | | | | | | | | | | | |



Schedule III--Continuation

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Goodlatte, Robert W.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H over $1,000,000 | | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX over $1,000,000 | |
| JT | Fund America Investors Corp. Coll Mtg Obligation | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| JT | Virginia Zero Coupon Bonds | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| JT | American Funds Tax Exempt | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | AG Edwards Daily Cash Fund (IRA) | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| S | JC Bradford Money Market (401K) | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Polaroid Corp. (IRA) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Collateralized Mortages Oblig. Trust GNMA (IRA) | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | UTS Government Sec. Income GNMA (IRA) | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Collateralized Mortgage Secs. GNMA (IRA) | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Templeton Foreign Fund (IRA) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | MFS Virginia Municipal Bond Fund | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| DC | Central Fidelity Bank | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| S | RJR Nabisco Bonds (401k) | | | | | X | | | | | | | | X | | | | | | X | | | | | | | | |
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Reporting Individual's Name: Goodlatte, Robert W.

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Crestar Bank, Roanoke, VA | Mortgage on 22 West Church Avenue, | | | | | X | | |
| | | Roanoke, VA -- partnership liability | | | | | | | |
| | | of Lanns Manus Group. (Liability | | | | | | | |
| | | shared with other partners.) | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name
Goodlatte, Robert W.

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| None | | | | | | | |
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Reporting Individual's Name
Goodlatte, Robert W.

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Member of Firm | Bird, Kinder & Huffman, P.C. (Resigned prior to taking oath of office.) |
| Partner | Lanns Manus Group |
| President | Civitan Club of Roanoke, Inc. |
| Board Member | Building Better Boards Advisory Council (adjunct of United Way and other organizations) |
| | |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | |
| | | |
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GPO: 1992 90-535A (pu)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 AM 9:24
CLERK
U.S. HOUSE OF REPRESENTATIVES

6

MC HAND DELIVERED

(Office Use Only)

WILLIAM FRANKLIN GOODLING
(Full Name)

R.D. 8
(Mailing Address)

YORK, PA 17403

Daytime Telephone: 717-428-1839

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: PA District: 19th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL: William F. Goodling

DATE (Month, Day, Year): 5 13 93

Reporting Individual's Name
WILLIAM F. GOODLING

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| Source | Type | Amount |
|---|---|---|
| Examples: State College | Approved Teaching Fee | $3,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Fairfax County Board of Education | Spouse Salary | NA |
| Commonwealth of Pennsylvania Public School Employees Retirement System | Pension | 5475 |
| York Suburban School District | Spouse Salary | N/A |
| Christmas Tree Hill, Inc. | Spouse Salary | N/A |
| Farm Joint Ventures | Feeding and Boarding Fees | 4295 |
| Farm Joint Ventures | Spouse Feeding & Boarding Fees | N/A |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

WILLIAM F. GOODLING

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | X | | | | | | | X | | | | | | | | X | | | | | | | |
| | IRA Account Peoples Bank of Glen Rock | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | X |
| JT | York Water Company Stock | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | AT&T Stock | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| S | Corestates Financial Stock | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | Farm Land, 56 Acres Springfield Twp., PA | | | | | | | X | | | | | | | | | | | Crops | | | X | | | | | | | |
| JT | Joint Ventures (See Schedule I) | | | | | X | | | | | | | | | | | | | Business Income | | X | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name

WILLIAM F. GOODLING

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 23.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Peoples Bank of Glen Rock - IRA | | X | | 7/15/92 | X | | | | | | |

Page 4 of 6

Schedule IV

Reporting Individual's Name

WILLIAM F. GOODLING

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reportin period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, paren or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | First Capitol Bank | Notes | | X | | | | | |
| JT | Congressional FCU | Notes | | X | | | | | |
| JT | C. Harry Miller | Note Secured by Farm Land Springfield Township | | | X | | | | |
| JT | Peoples Bank of Glen Rock | Mortgage Farm Land - Springfield Township | | | | X | | | |
| S | York Education FCU | Notes | X | | | | | | |
| | | | | | | | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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| | | |

Use additional sheets if more space is required.

Schedule 1

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

WILLIAM F. GOODLING

| Parts II and III - Assets and "Unearned" Income<br>Thoroughbred Horse Ventures | Valuation of Asset |
|---|---|
| #1 1/2 interest in a joint venture owning a broodmare and her colt | 4,250 |
| #2 1/3 interest in a joint venture owning a broodmare, her filly and a share of a stallion | 3,833 |
| #3 1/3 interest in a joint venture owning a share of a stallion | 5,333 |
| #4 Broodmare and her filly | 2,250 |
| Total of all interests | 15,666 |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

MAY 17

Barton Jennings Gordon (Full Name)

Residence:
940 East Northfield Boulevard
Murfreesboro, TN 37130

103 Cannon Building (Mailing Address)

Washington, D.C. 20515

(202)225-4231 Daytime Telephone

HAND DELIVERED

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: TN District: 6th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

mc (Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| Barton J. Gordon | May 17, 1993 |





1245

Reporting Individual's Name
GORDON, BARTON J.

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash , D C | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug 13, 1992 | $500 |
| | Philip Morris Companies | Speech | May 19, 1992 | $2000 |
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**Reporting Individual's Name**
GORDON, BARTON J.

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | | 304 A Street, SE, WDC Rental Unit | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | | |
| | | Wright Patman Credit Union Accts. | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | | Twentieth Century Mutual Funds IRA (rolled over from 3rd National IRA) | | | X | | | | | | | | X | | | | | | | N/A | | | | | | | | | | | |
| | | *Laurel Hills Limited Partnership | X | | | | | | | | | | NONE | | | | | | | X | | | | | | | | | | | X |
| | | 940 East Northfield Blvd, Murfreesboro, TN | | | | | X | | | | | | NONE | | | | | | | N/A | | | | | | | | | | | |
| | | *See attachment regarding Schedules III and IV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name

GORDON, BARTON J.

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | *Laurel Hills Limited Partnership (Foreclosure) | | X | | 01-29-92 | None | | | | | | |
| | | | | | | | | | | | | |
| | *See attachment regarding Schedules III and IV | | | | | | | | | | | |

Reporting Individual's Name
GORDON, BARTON J.

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | NationsBank of Tennessee | Mortgage on rental unit | | X | | | | | |
| | | 304 A Street SE, Wash., DC | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs Joseph H Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name
GORDON, BARTON J.

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Keystone Center | Jan 8-13 | Wash,DC - Aspen - Wash,DC | Y | Y | None | 4 Days |
| | | | Conference | | | | |
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The Honorable Barton J. Gordon
Member of Congress
Sixth District
Tennessee

1992 Financial Disclosure Statement

Schedules III and IV -- Assets and "Unearned" Income and Transactions

The Laurel Hills limited partnership designated with an asterisk (*) is a real estate investment which has had less than desirable results.

In checking with the investment company handling the property, they indicated that the value and the income from Laurel Hills should be listed as zero.

Although the foreclosure process for Laurel Hills was delayed throughout 1991, the final foreclosure date was January 29, 1992.

There was no return to the partnership from the transaction listed above.

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 13 PM 2 53

MC (14)

HAND DELIVERED

(Office Use Only)

PORTER J. GOSS
(Full Name)

3869 GULF DRIVE
(Mailing Address)

202-225-2536
Daytime Telephone

SANIBEL, FLORIDA 33957

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: FLORIDA District: 14th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

**SIGNATURE OF REPORTING INDIVIDUAL**

**DATE (Month, Day, Year)** May 13, 1993

Reporting Individual's Name

PORTER J. GOSS

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Community Bank of the Islands | Spouse - Director's fee | NA |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
PORTER J. GOSS

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT — Examples: S — ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | X |
| Examples: George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | |
| Examples: 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | |
| S — Berkshire Life Insurance Company | | NA | | | | | | | | | | | | | | | Annuity | | | X | | | | | | | |
| S — National Life of Vermont | | NA | | | | | | | | | | | | | | | Annuity | | | | X | | | | | | |
| Aetna Life Insurance | | NA | | | | | | | | | X | | X | | | | | | | | X | | | | | | |
| S — Fishers Island Utility Co, NY (Stock) | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| S — Fishers Island, NY property (Crescent & Mansion Streets) | | | | | | | X | | | | | X | | | | | | | | | | | X | | | | |
| All — Community Bank of the Islands NOW Accounts | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |

For additional assets and unearned income, use next page



Schedule III

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: PORTER J. GOSS

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | Notes from sale of Roller Tract partner- | | | - | - | - | - | - | | | | - | - | - | - | - | PRINCIPAL | | - | - | - | - | - | - | - | - | | | |
| | ship (sold 10/2/89) of undeveloped | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | property - Lee County, FL: 1. Arzy | | | X | | | | | | | | | | X | | | X | | | | | | | X | | | | | |
| | 2. Block | | | X | | | | | | | | | | X | | | X | | | | | | | X | | | | | |
| | 3. Waitzkin | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | |
| | 4. Thomas | | | X | | | | | | | | | | X | | | X | | | | | | | X | | | | | |
| JT | Fishers Island Park, NY undeveloped real property | | | | | | | | X | | | | | | | | | | X | | | | | | | | | | |
| JT | Fishers Island Development Co. (Stock) | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | (Trustee NOW account) South Florida Bank, FL | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| JT | (unsecured) Atlantic City Sun, N.J. (Loan) | | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | |
| S | (Stock) Community Bank of the Islands, FL | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | |
| JT | South Florida Bank, FL (Stock) | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | Fleet Bank, CT (NOW account) | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| DC | (Certificate of Deposit) Community Bank of the Islands, FL | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | X |
| JT | American Security Bank, DC | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| S | (partial interest beneficiary) Charles Oliver Trust | | | | | X | | | | | | X | | | | | | | | | | | | X | | | | | |
| | SCHEDULE III CONTINUED ON PAGES 5,6,7,8,9,10,11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PARTS II, III - ASSETS AND "UNEARNED" INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

| OWNER | ASSET | VALUATION | INCOME - TYPE | INCOME - AMOUNT | TRANS |
|---|---|---|---|---|---|
| S,DC | AMP Inc | C | Dividend | II | |
| S,DC | Abbott Laboratories | D | Div & Split | III | |
| S,DC | Air Products & Chemicals | E | Div & Split | IV | |
| S | Albertsons Inc | NONE | Dividend | NONE | X |
| | " | NONE | Cap Gains | NONE | " |
| S | Allegheny Cnty Pa (B) | C | Interest | II | |
| S | Allegheny Cnty Pa (B) | D | Interest | IV | |
| S | Allegheny Co Hosp Devel Auth PA (B) | C | Interest | NONE | X |
| S | Allentown PA DTD 3-15-84 (B) | NONE | Interest | III | X |
| | " | NONE | Cap Gains | NONE | " |
| S | Allentown Sch Dist PA DTD 4-1-86 (B) | C | Interest | III | |
| S | Altron Inc | NONE | Dividend | NONE | X |
| | " | NONE | Cap Gains | NONE | " |
| S | Aluminum Company of America | C | Dividend | II | |
| S | American Brands | C | Dividend | III | |
| 1/8DC | American Home Products | B | Dividend | II | |
| S | American Home Products | F | Dividend | V | |
| S | American Telephone & Telegraph | D | Dividend | III | |
| S,1/8DC | Ameritech Corp | E | Dividend | V | |
| | Amgen Inc | B | Dividend | NONE | X |
| S | Argonaut Group Inc | B | Dividend | I | |
| S,1/8DC | Atlantic Richfield | E | Dividend | V | |
| S | Automted Govt Money Tr-Bought/sold w/in 4dys | F | Interest | I | X |
| DC | Automatic Data Processing Inc. | B | Dividend | I | |
| | Avnet Inc | NONE | Dividend | I | X |
| | " | NONE | Cap Gains | NONE | " |
| 1/8DC | Avonworth Sch Dist Pa DTD 9-1-85 (B) | NONE | Interest | II | X |
| | " | NONE | Cap Gains | NONE | " |
| S | BHC Communications Inc | C | Dividend | NONE | |
| | Bank of Boston Corp | B | Dividend | I | |
| DC | Becton Dickinson & Co | C | Dividend | I | |
| S,1/8DC | Bell Atlantic Corp | E | Dividend | V | |
| S | Bellsouth Corp | C | Dividend | III | |

PARTS II, III - ASSETS AND "UNEARNED" INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

| OWNER | ASSET | VALUATION | INCOME - TYPE | INCOME - AMOUNT | TRANS |
|---|---|---|---|---|---|
| S | Berks Co PA DTD 3-15-88 (B) | NONE | Interest | III | X |
| | " | NONE | Cap Gains | NONE | " |
| S | Bethel Pa Mun Auth Sch Bldg Rev (B) | B | Interest | II | |
| S | Boeing Co | C | Dividend | II | |
| S | Boyertown Area Sch Dist PA (B) | C | Interest | NONE | X |
| S | Boynton Beach Fla Rcrtn & Muni (B) | C | Interest | III | |
| S | Boynton Beach Fla Wtr & Swr Rev (B) | D | Interest | IV | |
| S | Brentwood Pa Sch Auth (B) | NONE | Interest | II | X |
| | " | NONE | Cap Gains | NONE | " |
| S | Brinker International Inc | C | Dividend | NONE | X |
| S,DC | Bristol Myers Squibb Co | E | Dividend | V | |
| S | Broward Cnty Fla Hsg Fin Auth (B) | C | Interest | IV | |
| DC | Browning Ferris Industries Inc | B | Dividend | I | |
| S | Bucks Cnty Pa Cmnty College Auth (B) | D | Interest | II | X |
| S | Burlington Northern Inc | E | Dividend | IV | |
| S | Burlington Resources Inc | E | Dividend | III | |
| S | Butler Co Area Voc-Tech Sch Auth (B) | C | Interest | III | |
| S | CPC International Inc | E | Div & Split | IV | |
| S,1/8DC | CSX Corp | C | Dividend | II | X |
| S | Capital Holding Corp | C | Dividend | II | |
| | Carnival Cruise Lines Inc | B | Dividend | I | X |
| S | Central Greene Sch Auth PA Sch (B) | B | Interest | II | |
| S | Chester Co Indust Devel Auth PA (B) | NONE | Interest | II | X |
| | " | NONE | Cap Gains | NONE | " |
| S | Chevron Corp | C | Dividend | III | |
| S | Claflin Capital Subscription (Mass.) | NONE | Interest | NONE | X |
| | " | NONE | Prin Distr | VI | " |
| S | Coca Cola Co | F | Div & Split | V | |
| 1/8DC | Cooper Tire & Rubber Co | B | Div & Split | I | |
| S,1/8DC | Corestates Financial Corp Pa | C | Dividend | III | |
| DC | Corning Inc | B | Div & Split | I | |
| S | Courtland Ala Indl Dev Brd Indl (B) | NONE | Interest | II | X |
| | " | NONE | Cap Gains | NONE | " |
| S | D P L Inc | C | Div & Split | III | |
| 1/8DC | DF Gov't Securities Fund (Penn.) | C | Di,In,Gains | II | X |

PARTS II, III - ASSETS AND "UNEARNED" INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

| OWNER | ASSET | VALUATION | INCOME - TYPE | INCOME - AMOUNT | TRANS |
|---|---|---|---|---|---|
| 1/8DC | DF Income Stock Fund (Penn.) | C | Di,In,Gains | II | |
| 1/8DC | DQE PA | B | Dividend | I | |
| S | Dade Cnty Fla Hsg Fin Auth (B) | NONE | Interest | I | X |
| | " | NONE | Cap Gains | NONE | " |
| S | Dade Cnty Fla Spl Oblig Miami (B) | D | Interest | IV | |
| S,DC | Disney Walt Co | E | Div & Split | II | |
| S | Dow Chemical Co | E | Dividend | V | |
| S | Downingtown Area Jt Elem Sch Auth (B) | NONE | Interest | II | X |
| | " | NONE | Cap Gains | NONE | " |
| 1/8DC | DuPont E I De Nemours & Co | B | Dividend | II | |
| S | DuPont E I De Nemours & Co | D | Dividend | III | |
| DC | Duke Power Co | B | Dividend | II | |
| S | Eastman Kodak Co | C | Dividend | III | |
| S | Easton Pa Rfdg Ser A Fgic (B) | D | Interest | II | X |
| S | Echlin Inc | NONE | Dividend | I | X |
| | " | NONE | Cap Gains | NONE | " |
| S | El Paso Natural Gas Co | C | Dividend | II | X |
| 1/8DC | Eli Lilly and Co | B | Dividend | I | |
| S | Emerson Electric | D | Dividend | III | |
| S | Erie Pa City Sch Dist Ser 74 (B) | C | Interest | II | |
| 1/8DC | Exxon Corp | B | Dividend | II | |
| S | FPL Group Inc | C | Dividend | IV | |
| S,1/8DC | Fed Natl Mtg Assn Inc. | C | Dividend | II | |
| S | Florida Progress Corp | C | Div & Split | III | |
| S | Florida St Brd Ed Cap Outlay Ser (B) | C | Interest | III | |
| S | Florida St Pollution Ctl (B) | C | Interest | III | |
| S | Fort Myers Fla Impt Rev (B) | C | Interest | II | X |
| 1/8DC | General Electric | C | Dividend | II | |
| S | General Electric | G | Dividend | VI | |
| *2 | General Motors Corp | D | Dividend | II | X |
| 1/8DC | General Re Corp | B | Dividend | I | |
| S | Georgia Pacific Corp | C | Dividend | II | |
| S | Gillette Co | C | Dividend | II | X |
| S | Greater Orlando Aviation Auth (B) | NONE | Interest | III | X |
| | " | NONE | Cap Gains | II | " |

PARTS II, III - ASSETS AND "UNEARNED" INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

| OWNER | ASSET | VALUATION | INCOME - TYPE | INCOME - AMOUNT | TRANS |
|---|---|---|---|---|---|
| ALL | Heinz H J Co | C | Dividend | III | |
| *1 | Hewlett-Packard Co | B | Dividend | I | |
| S | Home Depot Inc | E | Div & Split | I | X |
| S | IMC Fertilizer Group Inc | C | Dividend | II | X |
| 1/8 DC | ITT Corp | NONE | Dividend | NONE | X |
| | " | NONE | Cap Gains | NONE | " |
| 1/8DC | International Business Machine | B | Dividend | II | |
| ALL | International Business Machine | E | Dividend | VI | X |
| S | International Business Machine | See Above | Cap Gain | VI | " |
| S | Jacksonville Fla Elec Auth Rev (B) | C | Interest | III | |
| S,DC | Johnson & Johnson | C | Div & Split | II | |
| S | K Mart Corp | D | Div & Split | IV | |
| S | Keystone Oaks Pa Sch Auth Sch (B) | C | Interest | III | |
| S | King World Productions Inc | C | Dividend | NONE | X |
| S | Kissimmee Fla Elec & Wtr Rev (B) | C | Interest | III | |
| S | Lackawanna Cnty Pa New Pub Hsg (B) | C | Interest | III | |
| S | Lancaster Pa Pkg Auth Pkg Rev (B) | NONE | Interest | NONE | X |
| | " | NONE | Cap Gains | NONE | " |
| | Lee Cnty Fla Sanibel (B) | NONE | Interest | II | X |
| | " | NONE | Cap Gain | NONE | " |
| | Lee Cnty Fla Transn Facs (B) | B | Interest | II | |
| S | Leon & Polk Cntys Fla Hsg Fin (B) | NONE | Interest | I | X |
| | " | NONE | Cap Gains | NONE | " |
| S | Lifeline Systems Inc | B | Dividend | NONE | |
| S | Liz Claiborne Inc | C | Dividend | I | X |
| S | Lower Makefield Pa Tax Free (B) | C | Interest | III | |
| S | Lower Moreland Twp Auth (B) | C | Interest | III | |
| S | Lubrizol Corp | C | Div & Split | III | |
| S | Manatee Cnty Fla Indl Dev Rev (B) | D | Interest | IV | |
| S | Margate Fla Wtr & Swr Impt (B) | D | Interest | IV | |
| S | Marion Cnty Fla Hosp Dist Rev (B) | NONE | Interest | IV | X |
| | " | NONE | Cap Gains | II | " |
| S,1/8DC | May Department Stores | D | Dividend | III | |
| S | McDonalds Corp | C | Dividend | II | |
| S | Mechanicsburg Pa Sch Dist Auth (B) | NONE | Interest | II | X |

PARTS II, III - ASSETS AND "UNEARNED" INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

| OWNER | ASSET | VALUATION | INCOME - TYPE | INCOME - AMOUNT | TRANS |
|---|---|---|---|---|---|
| | " | NONE | Cap Gains | III | " |
| 1/8DC | Melville Corp | B | Dividend | I | |
| S | Merck & Co Inc | F | Div & Split | V | |
| S | Miami Beach Fla South Pointe (B) | D | Interest | IV | |
| S | Miami Fla Var Purp (B) | C | Interest | III | |
| S | Microsoft Corp | C | Div & Split | NONE | X |
| S | Millcreek Twp Pa Swr Auth Swr (B) | B | Interest | II | |
| S | Millipore Corp | C | Dividend | II | |
| S,DC | Minnesota Mining & Manufacturing | F | Dividend | V | |
| S | Montgomery Cnty PA (B) | C | Interest | II | X |
| S | Montgomery Co Indust Dev Au Pa (B) | NONE | Interest | II | X |
| | " | NONE | Cap Gains | NONE | " |
| S | Motorola Inc | C | Dividend | II | |
| S | Mount Lebanon Genl Obl Ser 77 PA (B) | B | Interest | II | |
| S | National Computer Systems Inc | NONE | Dividend | NONE | X |
| | " | NONE | Cap Gains | V | " |
| S | Niceville Fla Wtr & Swr Rev (B) | D | Interest | IV | |
| S | Norfolk Southern Corp | D | Dividend | IV | |
| S | Nynex Corp | B | Dividend | II | |
| S | Okaloosa Cnty Fla Wtr & Swr Rev (B) | D | Interest | IV | |
| S | Orange Cnty Fla Hsg Fin Auth (B) | NONE | Interest | I | X |
| | " | NONE | Cap Gains | NONE | " |
| S | Orange Cnty Fla Wtr & Swr Rev (B) | D | Interest | IV | |
| S | Overriding Royalty In State Oil Leases, LA | G | Royalty | VIII | |
| S,DC | PNC Common Stock Fund | E | Dividend | V | |
| ALL | PNC Financial Corp | F | Div & Split | VI | |
| S | PNC Intermediate Municipal Fund | E | Dividend | V | X |
| S | PNC Long Term Municipal Fund | E | Dividend | V | |
| DC | PNC Personal Stif | C | Interest | III | |
| S | PPG Industries Inc | F | Dividend | V | |
| S | Pacific Telesis Group | B | Dividend | II | |
| S | Pasco Cnty Fla Wtr & Swr Rev (B) | D | Interest | IV | |
| S | Penna Commonwealth DTD 9-1-76 (B) | C | Interest | III | |
| S | Penna Higher Educ Facils Auth (B) | C | Interest | III | |
| S | Penna Hous Finance Agency (B) | C | Interest | III | |

PARTS II, III - ASSETS AND "UNEARNED" INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

| OWNER | ASSET | VALUATION | INCOME - TYPE | INCOME - AMOUNT | TRANS |
|---|---|---|---|---|---|
| S,DC | Penney J C Co Inc | D | Dividend | IV | X |
| S | Pennsbury Sch Dist Pa (B) | C | Interest | III | X |
| S | Pennsylvania Hwy (B) | B | Interest | II | |
| S | Pennsylvania St (B) | C | Interest | III | |
| S | Pennsylvania St (B) | C | Interest | III | |
| S | Pennsylvania St Genl Obl (B) | D | Interest | III | |
| S | Pennsylvania St Pub Sch Bldg (B) | C | Interest | II | |
| S,1/8DC | Pepsico Inc | E | Dividend | III | |
| ALL | Philip Morris | E | Dividend | V | X |
| S | Premark International Inc | B | Dividend | I | |
| S | Proctor & Gamble Co | D | Div & Split | III | |
| S | Puerto Rico Housing Auth (B) | B | Interest | I | |
| S | Puerto Rico Housing Auth (B) | B | Interest | I | |
| S | Quakertown Pa Area Jt Sch Auth (B) | NONE | Interest | II | X |
| | " | NONE | Cap Gains | NONE | " |
| S | Raytheon Co | D | Div & Split | III | |
| S | Royal Dutch Pete Co | C | Dividend | III | |
| S | Salt River Proj Agric Impt & Pwr (B) | C | Interest | III | |
| S,1/8DC | Sara Lee Corp | C | Div & Split | II | |
| 1/8DC | Schlumberger Ltd | B | Dividend | I | |
| DC,S | Schlumberger Ltd | C | Dividend | II | X |
| S,1/8DC | Scott Paper Co | C | Dividend | II | |
| S | Sewickley Heights Trust | B | NONE | NONE | |
| 1/8DC | Sherwin Williams Co | B | Div & Split | I | |
| S | Souderton Pa Area Jt Sch Auth (B) | NONE | Interest | III | X |
| | " | NONE | Cap Gains | NONE | " |
| S | South Florida Wtr Mgmt Dist Spl (B) | D | Interest | IV | |
| S | Southwestern Bell Corp | C | Dividend | II | |
| | TRW Inc | B | Dividend | II | |
| S | TRW Inc | NONE | Cap Gains | II | X |
| S | Teledyne Inc | B | Dividend | I | |
| S | Time Warner Inc | E | Div & Split | VI | |
| S | Transamerica Corp | C | Dividend | II | |
| ALL | U S Treasuries-Bought/sold w/in 4 days | E | Interest | I | X |
| S | U S West Inc | D | Dividend | IV | |

PARTS II, III - ASSETS AND "UNEARNED" INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

| OWNER | ASSET | VALUATION | INCOME - TYPE | INCOME - AMOUNT | TRANS |
|---|---|---|---|---|---|
| DC | Union Pacific Corp | B | Dividend | II | |
| S | Unitrin Inc | B | Dividend | I | |
| S | Upper St Clair Twp Pa Sch Auth (B) | B | Interest | II | |
| S | Venture Stores | NONE | Interest | NONE | X |
| | " | NONE | Cap Gains | III | " |
| S | Volusia Cnty Fl Sch Dist (B) | C | Interest | III | |
| S | Volusia Cnty Fla Hosp Rev (B) | D | Interest | IV | |
| ALL | Wal-Mart Stores Inc | F | Dividend | III | X |
| 1/8DC | Waste Management Inc | B | Dividend | I | |
| S,DC | Waste Management Inc | E | Dividend | III | |
| S | West Goshen Sewer Auth Pa (B) | B | Interest | II | |
| S | Westinghouse Elec Corp | NONE | Dividend | III | X |
| | " | NONE | Cap Gains | NONE | " |
| S | Wilson Pa Jt Sch Auth (B) | NONE | Interest | II | X |
| | " | NONE | Cap Gains | NONE | " |
| 1/8DC | Woolworth Corp | B | Dividend | I | |
| S | Xerox Corp | C | Dividend | III | X |
| S | Xyplex | NONE | NONE | NONE | X |
| S | Zoll Medical Corp | C | Dividend | NONE | X |

*1 - Owned separately by dependent child and filer

*2 - Owned separately by spouse and filer

1/8DC - DC has 1/8 Trust interest

Reporting Individual's Name

PORTER J. GOSS

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | SEE PAGES 13 & 14 | | | | | | | | | | | |
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PART IV - TRANSACTIONS - PORTER J. GOSS

| OWNER | ASSET | TRANSACTION | DATE | AMOUNT OF TRANS. |
|---|---|---|---|---|
| S | Albertsons Inc | Sale | 1-30-92 | C |
| S | Allegheny Co Hosp Devel Auth (B) | Purchase | 11-9-92 | C |
| S | Allentown PA DTD 3-15-84 (B) | Matured | 11-15-92 | C |
| S | Altron Inc | Sale | 1-30-92 | B |
| | Amgen Inc | Purchase | 2-3-92 | B |
| S | Automated Gov't Money Trust | Purchase | 12-31-92 | F (Sold 1-4-93) |
| | Avnet Inc | Sale | 2-3-92 | B |
| 1/8DC | Avonworth Sch Dist Pa (B) | Called | 10-22-92 | B |
| S | Berks Co PA DTD 3-15-88 (B) | Matured | 11-15-92 | C |
| S | Boyertown Area Sch Dist Pa (B) | Purchase | 12-3-92 | C |
| S | Brentwood Pa Sch Auth (B) | Called | 8-15-92 | B |
| S | Brinker International Inc | Purchase | 1-30-92 | C |
| S | Bucks Cnty Pa Cmnty Collge Ath (B) | Purchase | 9-30-92 | C |
| S | CSX Corp | Purchase | 1-29-92 | B |
| | Carnival Cruise Lines Inc | Purchase | 4-30-92 | B |
| S | Chester Co Indust Devel Auth (B) | Called | 1-30-92 | B |
| S | Claflin Capital Subscription (MA) | Liquidated | 12-13-92 | C |
| DC | Community Bank of the Islands CD | Matured | 3-26-92 | B |
| S | Courtland Ala Indl Dev Brd Indl(B) | Called | 5-1-92 | C |
| 1/8DC | DF Gov't Securities Fund (Penn) | Purchase | 10-15-92 | B |
| S | Dade Cnty Fla Hsg Fin Auth (B) | Called | 5-15-92 | C |
| S | Downington Area Jt Elem Sch Ath(B) | Called | 10-1-92 | B |
| S | Easton Pa Rfdg Ser A Fgic (B) | Purchase | 10-15-92 | C |
| S | Echlin Inc | Sold | 1-30-92 | C |
| S | El Paso Natural Gas Co | Burlngtn N-spin off | 7-1-92 | C |
| S | Fort Myers Fla Impt Rev | Purchase | 9-30-92 | C |
| S | General Motors Corp | Purchase | 3-10-92 | C |
| S | Gillette Co | Purchase | 1-30-92 | C |
| S | Greater Orlando Aviation Auth (B) | Called | 5-1-92 | D |
| S | Home Depot Inc | Purchase | 4-15-92 | D |
| S | IMC Fertilizer Group Inc | Purchase | 1-30, 4-15-92 | D |
| 1/8DC | ITT Corp | Sale | 9-22-92 | B |
| S | International Business Machine | Sale | 1-30, 4-15-92 | C |
| S | King World Productions Inc | Purchase | 1-29-92 | C |
| S | Lancaster Pa Pkg Auth Pkg Rev (B) | Called | 9-1-92 | C |

PART IV - TRANSACTIONS - PORTER J. GOSS

| OWNER | ASSET | TRANSACTION | DATE | AMOUNT OF TRANS. |
|---|---|---|---|---|
| | Lee Cnty Fla Sanibel (B) | Called | 12-1-92 | B |
| S | Leon & Polk Cntys Fla Hsg Fin (B) | Called | 4-1-92 | B |
| S | Liz Claiborne Inc | Purchase | 1-29-92 | C |
| S | Marion Cnty Fla Hosp Dist Rev (B) | Called | 10-1-92 | D |
| S | Mechanicsburg Pa Sch Dist Auth (B) | Called | 6-15-92 | C |
| S | Microsoft | Purchase | 1-30-92 | C |
| S | Montgomery Cnty PA (B) | Purchase | 11-15-92 | C |
| S | Montgomery Co Indust Dev Au Pa (B) | Called | 1-30-92 | C |
| S | National Computer Systems Inc | Sale | 1-30-92 | B |
| S | Orange Cnty Fla Hsg Fin Auth (B) | Called | 5-26-92 | B |
| S | PNC Intermediate Municipal Fund | Purchase | 2-6-92 | D |
| S | Penney J C Co Inc | Purchase | 4-15-92 | C |
| S | Pennsbury Sch Dist Pa (B) | Purchase | 2-3-92 | C |
| | Philip Morris | Purchase | 4-30-92 | B |
| 1/8DC | Philip Morris | Sale | 9-22-92 | B |
| S | Philip Morris | Purchase | 4-15-92 | C |
| S | Quakertown Pa Area Jt Sch Auth (B) | Matured | 3-2-92 | B |
| S | Schlumberger Ltd | Purchase | 1-30-92 | C |
| S | Souderton Pa Area Jt Sch Auth (B) | Matured | 11-1-92 | C |
| S | TRW Inc | Sale | 1-30-92 | C |
| ALL | U S Treasuries | Purchase | 12-31-92 | E (Sold 1-4-93) |
| S | Venture Stores | Sale | 1-30-92 | B |
| | Wal-Mart Stores Inc | Purchase | 4-30-92 | B |
| S | Westinghouse Elec Corp | Sold | 11-19-92 | C |
| S | Wilson Pa Jt Sch Auth (B) | Matured | 10-15-92 | C |
| S | Xerox Corp | Purchase | 1-29-92 | C |
| S | Xyplex | Sale | 1-30-92 | B |
| S | Zoll Medical Corp | Claflin distributn | 12-13-92 | C |

1/8DC - DC has 1/8 trust interest

FILER DID NOT INITIATE, GUIDE OR DIRECT ANY OF THE DISCLOSED TRANSACTIONS.

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

(6)

RECEIVED
1993 MAY 17 PM 12: 02
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

**HAND DELIVERED**

mc
(Office Use Only)

Rodney D. Grams
(Full Name)

17200 Sodium Street N.W.
(Mailing Address)

612/427-5921
Daytime Telephone

Ramsey, MN 55303

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: MN District 6th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| | |
|---|---|
| **SIGNATURE OF REPORTING INDIVIDUAL** Rod. Grams | **DATE (Month, Day, Year)** 5-13-93 |

Reporting Individual's Name
Rodney D. Grams

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | KMSP-TV United Television | Salary | $ 3,011.79 |
| | United Television | Profit Sharing | 35,543.88 |
| | Vogelin Optical Co., Inc. | Talent Fee | 225.00 |
| | KMSP-TV United Television | Vacation/Comp Pay | 1,503.62 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

**Reporting Individual's Name**
Rodney D. Grams

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples. | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | | |
| JT | Land-232 Acres Route 1, St. Francis, MN 55070 | | | | | | | | X | | | | | X | | | | | | | | | X | | | | | | | | |
| JT | Land-60 Acres 8640 Audubon Rd. Chanhassen, MN | | | | | | | | | X | | | | X | | | | | | | | X | | | | | | | | | |
| JT | Sun Ridge Builders, Inc. | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| JT | 36 Residential Lots, ShadowWood Subdivision, Chaska, MN | | | | | | | | | | X | | X | | | | | | | X | | | | | | | | | | | |
| JT | United Television | | X | | | | | | | | | | | | | | | | Profit Sharing | | | | | | | X | | | | | |
| JT | Chan Development 14450 Burnsville Pkwy, Burnsville, MN | | | | | | X | | | | | | X | | | | | | | X | | | | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name
Rodney D. Grams

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| JT | 23 Acres/8640 Audubon Road, Chanhassen to Chan Development | | X | | 9-1-92 | | | | | X | | |

Reporting Individual's Name
Rodney D. Grams

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | Builders Development Finance, Wayzata, MN | Business Loan | | | | X | | | |
| JT | Esther Chase, Minnetonka, MN | Business Loan | | | | X | | | |
| JT | First Bank of Minneapolis, MN | Mortgage on St. Francis Farm | | X | | | | | |
| JT | First Bank of Elk River, MN | Business Loan | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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Use additional sheets if more space is required.

| Reporting Individual's Name |
| --- |
| Rodney D. Grams |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
| President | Sun Ridge Builders, Inc. |
| Vice President | Chan Development |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
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GPO: 1992 88-334A (pb)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
OFFICE OF MEMBERS' REPRESENTATION
1993 MAY 11 PM 2 46
CLERK
U.S. HOUSE OF REPRESENTATIVES

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HAND DELIVERED

MC (Office Use Only)

| | | | |
|---|---|---|---|
| Hon. Frederick L. Grandy (Full Name) | | | |
| 418 Cannon HOB (Mailing Address) | Washington, D.C. 20515 | 202-225-5476 (Daytime Telephone) | |
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: ____ District: ____ | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| | |
|---|---|
| **SIGNATURE OF REPORTING INDIVIDUAL** | **DATE (Month, Day, Year)** 5/11/93 |



1272

Reporting Individual's Name
Hon. Frederick L. Grandy

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Catherine Mann Productions | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

Hon. Frederick L. Grandy

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| Nat'l Assoc. of Life Underwriters, Wash., D.C. | Speech | 1/22/92 | $1,000 |
| Amer. Farm Bureau Young Ranchers, Philadelphia, PA | Speech | 2/9/92 | 1,000 |
| College and University Personnel Assoc., Wash., D.C. | Speech | 2/18/92 | 1,000 |
| Amer. Assoc. Life Underwriters, Wash., D.C. | Speech | 3/2/92 | 2,000 |
| Associated General Contractors, Wash., D.C. | Speech | 4/3/92 | 1,000 |
| College of Amer. Pathologists, Wash., D.C. | Speech | 4/29/92 | 1,000 |
| Coalition Against Regressive Taxation, Wash., D.C. | Speech | 6/18/92 | 2,000 |
| Association of Health Insurers | Speech | 9/21/92 | 2,000 |
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Reporting Individual's Name
Hon. Frederick L. Grandy

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 162 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Wright Patman Federal Credit Union | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Payday California | | | | NA | | | | | | | | | | | | | royalty | | | X | | | | | | | | |
| | Vista Productions, Inc. | | | | NA | | | | | | | | | | | | | royalty | | | X | | | | | | | | |
| | EP Talent Services | | | | NA | | | | | | | | | | | | | royalty | | | X | | | | | | | | |
| | Minneapolis Hotel Partners | | | | | | X | | | | | | X | | | | | | | | X | | | | | | | | |
| | Biogen Products | | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Hon. Frederick L. Grandy

| S, DC, JT | BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.) | BLOCK B Valuation of Asset – Year End Value (X): A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income – Type of Income (X): DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X): I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Marya Gwin Grandy - Short Term Trust | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TIGR Series 18 Zero % Aug 15, 1992 | | | | X | | | | | | | | | NA | | | | | | | | | | X | | | | | Redeemed 8/15/92 |
| | Merrill Lynch CMA Money Fund | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Charles Brendan Grandy - Short Term Trust | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TIGR Series 18 Zero % Aug 15, 1992 | | | | X | | | | | | | | | NA | | | | | | | | | | X | | | | | Redeemed 8/15/92 |
| | TIGR Series 18 Zero % May 15, 1993 | | | | X | | | | | | | | | NA | | | | | X | | | | | | | | | | |
| | TIGR Series 2 Zero % May 15, 1994 | | | | X | | | | | | | | | NA | | | | | X | | | | | | | | | | |
| | TIGR Series 18 Zero % Feb 15, 1995 | | | | X | | | | | | | | | NA | | | | | X | | | | | | | | | | |
| | Merrill Lynch CMA Money Fund | | | | X | | | | | | | | | NA | | | | | | | | | X | | | | | | |
| | Paramount Fund | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Piper Jaffray Money Market Fund (IRA) | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | U.S. Treasury Certificates (IRA) | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | |
| | RJR Nabisco (IRA) | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Smith Barney Ser 6-B CMO (IRA) | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | FHLMC Ser 9 CL 9-D (IRA) | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Hon. Frederick L. Grandy

| S, DC, JT | BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.) | BLOCK B Valuation of Asset: Year End Value (X) A None | B Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | SMB 7-C CMO (IRA) | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Ryland Accept CP III Ser SSS BE (IRA) | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Gateway Mtg Accep Corp (IRA) | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Amern Adj Rate Term TR 1993 D (IRA) | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Amern Adj Rate Term TR 1996 D (IRA) | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Amern Adj Rate Term TR 1995 (IRA) | | | | | | X | | | | | | | | | | | | X | | | | | | | | | | |
| | Piper Jaffray Govt INC FD (IRA) | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Franklin Income Fund (IRA) | | | | | | | X | | | | X | | | | | | | | | | | X | | | | | | |
| | Amer FDS Investment Co of Amer (IRA) | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Piper Jaffray Value Fund (IRA) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Piper Jaffray Balanced Fund (IRA) | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | | |
| | Healthvest (IRA) | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Pepsico (IRA) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Walt Disney Co (IRA) | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Amer FDS Amer Mutual Fund DVC YR-M | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Hon. Frederick L. Grandy

| BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.) | JT, S, DC | BLOCK B Valuation of Asset: Year End Value (X) A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Amer FDS Europacific Growth FD 29.390 | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| Piper Jaffray Growth & Inc FD (IRA) | | | | | | X | | | | | | X | | | | | | | | X | | | | | | | | | |
| Amer FDS Wash mutual Inv (IRA) | | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| Franklin Federal Tax-FR Income | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| Keystone Tax Free Fund | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| Nuveen Premier INS Muni INC FD | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |



Schedule III – Continuation

Reporting Individual's Name
Hon. Frederick L. Grandy

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Biogen | X | | | 10/26/92 | | X | | | | | |
| | Biogen | | X | | 11/5/92 | | X | | | | | |
| | Franklin Income Fund | X | X | | various times in 1992 | | | | | | | |
| | American Investment Co of Amer | X | X | | " | | | | | | | |
| | American FDS New Perspective Fund | X | X | | " | | | | | | | |
| | Piper Jaffray Growth & Inc Fund | X | X | | " | | | | | | | |
| | Piper Jaffray Value Fund | X | X | | " | | | | | | | |
| | Piper Jaffray Balanced Fund | X | X | | " | | | | | | | |
| | Amer FDS Wash Mutual Inv | X | X | | " | | | | | | | |
| | Pepsico Inc | X | | | 8/26/92 | X | | | | | | |
| | Walt Disney Co. | X | | | 8/26/92 | X | | | | | | |
| | Franklin Federal Tx-Fr Income | X | | | various times in 1992 | | | | | | | |
| | Keystone Tax Free Fund | X | | | various times in 1992 | | | | | | | |
| | Nuveen Premier Ins Muni Inc | X | | | various times in 1992 | | | | | | | |
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Reporting Individual's Name
Hon. Frederick L. Grandy

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Biogen Medical Products | Share of partnership debt | | X | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name

Hon. Frederick L. Grandy

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

| Source | | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| Amer. Farm Bureau Federation Young Ranchers - Speech | | 2/8/92 to 2/9/92 | Philadelphia-Sioux City | Y | Y | None | N |
| Griffin Co., GA Chamber of Commerce - Speech | | 2/21/92 to 2/22/92 | Wash., D.C. - Atlanta - Sioux City | Y | Y | None | N |
| Sioux City Chamber of Commerce - fact finding, subst. particip. | | 8/17/92 | Sioux City - Winnipeg - Sioux City | N | Y | None | N |
| Assoc. of Health Insurers - speech | | 9/20/92 to 9/21/92 | Sioux City - Atlanta - Wash., D.C. | Y | Y | None | N |
| U.S.-Japan Friendship Commission trip - approved by USIA | | 11/11/92 to 11/16/92 | Sioux City - Tokyo - Sioux City | Y | Y | None | N |
| Phillips Exeter Academy Alumni Assoc. - speech | | 12/9/92 to 12/10/92 | Wash., D.C. - New York - Wash., D.C. | Y | Y | None | N |
| | | | | | | | |
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Reporting Individual's Name

Hon. Frederick L. Grandy

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Board of Directors | Briar Cliff College |
| Limited Partner | Biogen Medical Products |
| | |
| | |
| | |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO: 1982 O-335A (pa)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS
1993 MAY 17 AM 9:03
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
INSIDE MAIL
MC (2)
(Office Use Only)

Hon. Frederick L. Grandy
(Full Name)

418 Cannon HOB Washington, D.C. 20515 — (Mailing Address)
202-225-5476 — Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: IA District: 5th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [ ] Annual (May 15) | [X] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

| | |
|---|---|
| **SIGNATURE OF REPORTING INDIVIDUAL** | **DATE (Month, Day, Year)** 5/13/93 |

Reporting Individual's Name

Hon. Frederick L. Grandy

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 8-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Amer. Farm Bureau Federation Young Ranchers - Speech | 2/8/92 to 2/9/92 | Philadelphia-Sioux City | Y | Y | None | N |
| | Griffin Co., GA Chamber of Commerce - Speech | 2/21/92 to 2/22/92 | Wash., D.C. - Atlanta - Sioux City | Y | Y | None | N |
| | Sioux City Chamber of Commerce - fact finding, subst. particip. | 8/17/92 | Sioux City - Winnipeg - Sioux City | N | Y | None | N |
| | Assoc. of Health Insurers - speech | 9/20/92 to 9/21/92 | Sioux City - Atlanta - Wash., D.C. | Y | Y | None | N |
| | U.S.-Japan Friendship Commission trip - approved by USIA | 11/11/92 to 11/16/92 | Sioux City - Tokyo - Sioux City | Y | Y | None | N |
| | Phillips Exeter Academy Alumni Assoc. - speech | 12/9/92 to 12/10/92 | Wash., D.C. - New York - Wash., D.C. | Y | Y | None | N |
| | Congressional Institute - Williamsburg, VA - conference | 12/4/92 to 12/6/92 | No transportation provided | Y | Y | Spouse | N |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
OFFICE OF THE CLERK
1993 MAY 11 PM 4:47
FINANCIAL DISCLOSURE

(5) WAS DELIVERED

MC
(Office Use Only)

Raymond Eugene (Gene) Green
(Full Name)

Post Office Box 16128
(Mailing Address)

Houston, Texas 77222

202-225-1688
713-923-9961
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: Texas, District: 29th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** [signature]

**DATE (Month, Day, Year)** May 8, 1993

Reporting Individual's Name

Gene Green

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | State of Texas, Texas Senate, Austin, Texas | Per Diem<br>Legislative Salary | $2635.00<br>.7647.36 |
| | Gene Green, Attorney at Law, Houston, Texas | Gross Receipts<br>Net Salary | 106,460.90<br>70,466.06 |
| | Aldine Independent School District, Houston, Texas | Spouse<br>Teacher Salary | n/a |
| | Twelve Oaks Hospital AMI, Houston, Texas | Board Member Fee | 1200.00 |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
Gene Green

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| | BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S DC JT | Examples: S ABC Corporation Stock | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | Examples: George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Examples: 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | Homestead: 379 County Fair Houston (Harris County), Texas | | | | | X | | | | | | | | | | | | no income | | | | | | | | | | | |
| JT | Condominium 2107 Rio Grande, Austin, Texas | | X | | | | | | | | | | | | | | | no income | | | | | | | | | | | |
| S | Two (2) Houses, Montgomery Co. Texas McRae Lake Subdivision | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | (No Street Address) Rural Land: 20.049 Acres | | X | | | | | | | | | | | | | | | no income | | | | | | | | | | | |
| | Montgomery County, Texas | | | | | | | | | | | | | | | | | no income | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Gene Green

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| JT | Nations Bank, Houston, Texas | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| JT | Individual Retirement Accounts Texas Commerce Bank Airline | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Houston, Texas | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| JT | First City-Texas, Houston, TX | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| JT | Aldine Teachers Credit Union | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Houston, Texas | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| JT | Graphic Arts Credit Union | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Houston, Texas | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| DC | Nations Bank, Houston, Texas | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| DC | Nations Bank, Houston, Texas | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | First Heights FSB | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DC | Houston, Texas | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | First Heights FSB | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DC | Houston, Texas | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Prudential Insurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Insurance Interest and Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deferred Compensation | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
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| Reporting Individual's Name |
| --- |
| Gene Green |

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
| Board Member | Twelve Oaks Hospital - AMI: During 1992, served as Board Member, resigned in December 1992 |
| Proprietor | Gene Green: Attorney at Law during 1992 |
| | |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
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GPO 1993 88-838A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 17 AM 9:59
OFFICE OF HOUSE PUBLIC RECORDS

(6)

JAMES CHARLES GREENWOOD
(Full Name)

515 CANNON BUILDING (202) 225-4276
(Mailing Address) Daytime Telephone

WASHINGTON D.C. 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | ☒ Member of the U.S. House of Representatives | State: PENN. District 8th | ☐ Officer or Employee | Employing Office: |
| **Report Type** | ☒ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date: |

**HAND DELIVERED**
mc
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes ☒ | No ☐ | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes ☐ | No ☒ |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes ☐ | No ☒ | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes ☐ | No ☒ |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes ☐ | No ☒ | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes ☒ | No ☐ |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes ☐ | No ☒ | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes ☐ | No ☒ |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes ☒ | No ☐ | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes ☐ | No ☒ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes ☐ | No ☒ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

**SIGNATURE OF REPORTING INDIVIDUAL** **DATE (Month, Day, Year)**



1290

Reporting Individual's Name
JAMES C. GREENWOOD

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | SENATE OF PENNSYLVANIA | Salary | $44,650.00 |
| | BUCKS COUNTY | Spouse salary | N.A. |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
JAMES C. GREENWOOD

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | None | | | |

This page may be copied if more space is required.



Schedule II

Reporting Individual's Name
JAMES C. GREENWOOD

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name
JAMES C. GREENWOOD

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Pennsylvania State Employees Credit Union | Personal Service Loan | X | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| N. A. | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name
JAMES C. GREENWOOD

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Director (unpaid) | Bucks County Council on Alcoholism |
| Director (unpaid) | The Woods Schools |
| Director (unpaid) | Parents Anonymous of Pennsylvania |
| | |
| | |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | None | |
| | | |
| | | |
| | | |
| | | |

GPO: 1982 80-634A (m)

JAMES C. GREENWOOD
8TH DISTRICT, PENNSYLVANIA
COMMITTEE ON
ENERGY AND COMMERCE
SUBCOMMITTEE ON HEALTH
AND THE ENVIRONMENT
SUBCOMMITTEE ON COMMERCE,
CONSUMER PROTECTION
AND COMPETITIVENESS

INSIDE MAIL

**Congress of the United States**
**House of Representatives**
**Washington, DC 20515-3808**

515 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-4276
DISTRICT OFFICES:
69 E. OAKLAND AVE.
DOYLESTOWN, PA 18901
(215) 348-7511
1 OXFORD VALLEY
SUITE 800
LANGHORNE, PA 19047
(215) 752-7711

June 14, 1993

(1)

MC ✓

The Honorable Donnald K. Anderson
Clerk of The House
U.S. House of Representatives
Records and Registration
1036 Longworth Building
Washington, D.C. 20515

93 JUN 16 AM 7:49
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Dear Mr. Anderson:

Please amend Schedule III of my Financial Disclosure Statement for Calendar Year 1992 to reflect the following information, which I inadvertently omitted:

**The value of my retirement account with the Commonwealth of Pennsylvania State Employees' Retirement System was $139,953.21 at the close of calendar year 1992.**

Thank you, and please call me if you have any questions.

Sincerely,

James C. Greenwood

JCG:mc

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

MAY 11 [illegible]

(9)

DELIVERED

Steve C. Cundersøn
(Full Name)

2235 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: 202-225-5506

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: PI District: 03 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

MC (Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| Steve Cundersøn | 5-6-93 |

Reporting Individual's Name

Steve C. Gunderson

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

Steve C. Gunderson

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | Smokeless Tobacco Council | Speech | March 11, 1992 | $1,000.00 |
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Reporting Individual's Name
Steve C. Gunderson

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Mobil Home Route #2, Osseo, WI | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 1650 Kirby Road McLean, VA | | | | | | | X | | | | | | | | | | | X | | | | | | | | | | |
| | Savings Account, Pigeon Falls State Bank, Pigeon Falls, WI | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Congressional Federal Credit Union, Washington, D.C. | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | IRA - John O. Melby Bank, Whitehall, WI | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
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For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Steve C. Gunderson

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
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Schedule III – Continuation

Reporting Individual's Name
Steve C. Gunderson

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
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Reporting Individual's Name
Steve C. Gunderson

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Nation's Bank<br>Columbus, OH | Mortgage on 1650 Kirby Rd. | | | | | X | | |
| | Union Bank of Blair<br>Blair, WI | Personal loan, unsecured | X | | | | | | |
| | Union Bank of Blair<br>Blair, WI | Personal loan, unsecured | | X | | | | | |
| | Union Bank of Blair<br>Blair, WI | Business loan | X | | | | | | |
| | FDIC<br>Atlanta, GA | 2nd mortgage on 1650 Kirby Rd | | X | | | | | |
| | Jackson County Bank<br>Black River Falls, WI | Personal loan | X | | | | | | |
| | Pigeon Falls State Bank<br>Pigeon Falls, WI | Personal loan | X | | | | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs Joseph H Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name
Steve C. Gunderson

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Miami Congressional Workshop | 1/10-13/92 | Wash., Miami, Wash. | Y | Y | None | N |
| | National Cattlemen's Association | 1/24-27/92 | Wash., San Diego, Wash. | Y | Y | None | N |
| | National Milk Producers Federation | 12/1-2/92 | Wash., Las Vegas, Wash. | Y | Y | None | N |
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| Reporting Individual's Name |
| --- |
| Steve C. Cunderson |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

| Positions | Name of Organization |
| --- | --- |
| Trustee | Gallaudet University (by appointment of the Speaker of the House of Representatives) |
| Director | Ackley Scholarship Foundation, Inc. |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
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GPO: 1983 O-436A (pb)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
CLERK OF RECORDS & ... DIVISION (5)
1993 MAY 17 AM 9:53
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

MAY 14 1993
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(Office Use Only)

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|---|---|
| (Full Name) | LUIS V. GUTIERREZ |
| (Mailing Address) | 1650 NORTH CLAREMONT |
| | Chicago, Illinois 60647 |
| Daytime Telephone | (202)225-8203 (312)509-0999 |
| | (202)225-8203 or (312)509-0999 |

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Illinois District: 4th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

| | |
|---|---|
| **SIGNATURE OF REPORTING INDIVIDUAL** Luis V. Gutierrez | **DATE (Month, Day, Year)** May 14, 1993 |



1306

Reporting Individual's Name
LUIS V. GUTIERREZ

## SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | CITY OF CHICAGO, ALDERMAN 26th WARD | SALARY | $50,867.84 |
| | NATIONAL MORTGAGE & LOAN SERVICES, INC. | SPOUSE'S SALARY | N/A |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

LUIS V. GUTIERREZ

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | 1650 N. CLAREMONT, CHICAGO, IL. | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | |
| JT | SECURITY FED. SAVINGS BANK | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | 1209 NORTH MILWAUKEE, CHICAGO, IL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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For additional assets and unearned income, use next page

Reporting Individual's Name

LUIS V. GUTIERREZ

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| JT. | LOT 866,SQ.950 707 10th STREET, SE WASHINGTON,DC(2ndHome | X | | | 12-28-92 | | | | x | | | |

Schedule IV

Reporting Individual's Name
LUIS V. GUTIERREZ

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | BANC ONE MORTGAGE CORP.INDIANAPOLIS,IN. | MORTGAGE ON 1650 N. CLAREMONT | | | | X | | | |
| JT | NORTHAMERICAN MTG.CO. ROCKVILLE, MD | MORTGAGE ON 707 10thWASHIN.DC | | | | X | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs Joseph H Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 13 PM 2:07
(13)

Ralph M. Hall
(Full Name)

2236 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515-4304

Daytime Telephone: (202) 225-6673

| Filer Status | [X] Member of the U.S. House of Representatives | State: Texas District: 4th | [ ] Officer or Employee | Employing Office: |
|---|---|---|---|---|
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

MC

HAND DELIVERED

(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (*See* 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ralph M. Hall

DATE (Month, Day, Year): 5-6-93

Reporting Individual's Name

Ralph M. Hall

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | | | |
| | Employee Retirement System, State of Texas | Legislative Pension | 35,517. |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

Ralph M. Hall

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| None | | | | |

This page may be copied if more space is required.



Schedule II

Reporting Individual's Name
Ralph M. Hall

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Securities: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Crowley Holding Company Crowley, Texas | | | | | | X | | | | | | | | | | | | X | | | | | | | | | | | X |
| | Lakeside National Bank Rockwall, Texas | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Lakeside Bancshares, Inc. Rockwall, Texas | | | | | | | X | | | | | | | | | | | X | | | | | | | | | | | |
| | North & East Trading Co. Rockwall, Texas | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | X |

For additional assets and unearned income, use next page



Schedule III

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Ralph M. Hall

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| Real Estate: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Airport Hangar Rockwall, Texas | | | X | | | | | | | | | | | | | | | X | | | | | | | | | |
| 152 Acres Hunt County, Texas | | | | | | X | | | | | | | | | | | | X | | | | | | | | | |
| 15 Acres Henderson County, Texas | | | | X | | | | | | | | | | | | | | X | | | | | | | | | |
| Townhouse - 310 E. Capital Washington, DC | | | | | | X | | | | | | | | | | | | X | | | | | | | | | |
| 2 Harbor Landing Lots Chandlers, Rockwall, Texas | | | | X | | | | | | | | | | | | | | X | | | | | | | | | |
| Real Estate Contributed To Chihal Limited: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 163 Acres Wood County, Texas | X | | | | | | | | | | | | | | | | | X | | | | | | | | | X |
| 200 Acres Hunt County, Texas | X | | | | | | | | | | | | | | | | | X | | | | | | | | | X |
| Office Bld.-105 E. Fannin Rockwall County, Texas | X | | | | | | | | | | | | | X | | | | | | | | | | X | | | X |
| 5 Acres Rockwall County, Texas | X | | | | | | | | | | | | | | | | | X | | | | | | | | | X |



Schedule III—Continuation

Reporting Individual's Name: Ralph M. Hall

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | S, DC, JT | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| Partnership Interest: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chihal Limited Rockwall, Texas | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| General Equity Fund #10 Longview, Texas | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| H&H Properties Rockwall, Texas | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| Notes Receivable: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| North & East Trading Co. Rockwall, Texas | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| J. Blakeley Hall Rockwall, Texas | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| R. Hampton Hall Rockwall, Texas | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| Brett A. Hall Rockwall, Texas | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| Lakeside Bancshares, Inc. Rockwall, Texas | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | |
| Hall Law Office Partnership Rockwall, Texas | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| Brett, J. Blakeley and R. Hampton Hall Rockwall, Texas | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| Kenneth Maroney Rockwall, Texas | | X | | | | | | | | | | | | | | | | | | | X | | | | | | | | |
| Oil Interest: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Caddo Parrish La. | | | | X | | | | | | | | | | | | | | Royalty | | | X | Gross. | | | | | | | |

Reporting Individual's Name
Ralph M. Hall

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Bank of Crowley<br>Crowley, Texas | Business borrowings. | | X | | | | | |
| | Lakeside National Bank<br>Rockwall, Texas | Business borrowings and<br>Mortgage Henderson Co., Tx. | | | | X | | | |
| | Community Bank<br>Rockwall, Texas | Business borrowings. | | X | | | | | |
| | State National Bank<br>Caddo Mills, Texas | Lakeside Bancshares debentures. | | X | | | | | |
| | Independant Bank<br>Rockwall, Texas | Mortgage on Harbor Landing<br>Lot, Rockwall, Tx. | | X | | | | | |
| | First National Bank<br>Leonard, Texas | Mortgage on Harbor Landing<br>Lot, Rockwall, Tx. | | X | | | | | |

Continued

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

Reporting Individual's Name: Ralph M. Hall

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Colonial Bank<br>Greenville, Texas | Crowley Holding Co. stock. | | X | | | | | |
| | First National Bank<br>Garland, Texas | Business borrowings and Lakeside Bancshares stock. | | | | X | | | |
| | Francie Oliver<br>Austin, Texas | Lakeside Bancshares stock. | | X | | | | | |
| | Mayre Springer<br>Wills Point, Texas | Lakeside Bancshares stock. | | X | | | | | |
| | Lloyd Wilcox<br>Rockwall, Texas | Lakeside Bancshares stock. | | X | | | | | |
| | Lorretta Myers<br>Rockwall, Texas | Lakeside Bancshares stock. | | | | X | | | |

Continued

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name

Ralph M. Hall

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 162 Main St. Dover, Del. | | | | X | | | |
| | E.K. Slaughter<br>Rockwall, Texas | Crowley Holding Co. stock. | | | X | | | | |
| | Hugh Hall<br>Rockwall, Texas | Business borrowings. | X | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name

Ralph M. Hall

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Debt Retired During Year: | | | | | | | | |
| | Citizens State Bank Royce City, Texas | Lakeside Bancshares stock. | | | X | | | | |
| | Union Security Life Insurance Greenville, Texas | Mortgage on 163 acres Wood Co., 200 acres Hunt Co., Office Bld | | | | | | X | |
| | | Rockwall Co., 5 acres Rockwall Co., Texas. | | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| None | | |
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**Use additional sheets if more space is required.**



**Schedules V and VI**

Reporting Individual's Name

Ralph M. Hall

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| None. | | | | | | | |

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Reporting Individual's Name

Ralph M. Hall

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Crowley Holding Company, Crowley, Texas Common Stock | X | | | 06-01-92 | | X | | | | | |
| | Crowley Holding Company, Crowley, Texas Common Stock | | | X | 10-01-92 | | X | | | | | |
| | | | | | | | | | | | | |
| | Property Contributed To Chihal Limited: | | | | | | | | | | | |
| | North & East Trading Co., Rockwall, Texas Common Stock | | | X | 05-14-92 | | | X | | | | |
| | 163 Acres Wood County, Texas | | | X | 05-14-92 | | | X | | | | |
| | 200 Acres Hunt County, Texas | | | X | 05-14-92 | | | | X | | | |
| | Office Building-105 E. Fannin,Rockwall County, Texas | | | X | 05-14-92 | | | X | | | | |
| | 5 Acres Rockwall County, Texas | | | X | 05-14-92 | | | | | X | | |
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Reporting Individual's Name

Ralph M. Hall

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Chairman & Director (Unpaid) | Crowley Holding Company, Crowley, Texas |
| Chairman & Director (Unpaid) | Bank of Crowley, Crowley, Texas |
| Chairman & Director (Unpaid) | Lakeside National Bank, Rockwall, Texas |
| President & Director (Unpaid) | Lakeside Bancshares, Inc., Rockwall, Texas |
| Chairman & Director (Unpaid) | North & East Trading & Linrock, Inc., Rockwall, Texas |
| Partner (Unpaid) | Chihal Limited, Rockwall, Texas |
| Partner (Unpaid) | H&H Properties, Rockwall, Texas |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | |
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GPO: 1992 89-836A (m)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 PM 12:36
U.S. HOUSE OF REPRESENTATIVES

MC (7)

HAND DELIVERED

(Office Use Only)

Tony P. Hall
(Full Name)

2560 North 23rd Road
(Mailing Address)

(202)225-6465
Daytime Telephone

Arlington, VA 22207

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Ohio District: 3rd | [ ] Officer or Employee — Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

**SIGNATURE OF REPORTING INDIVIDUAL** Tony P. Hall

**DATE (Month, Day, Year)** May 13, 1993

Reporting Individual's Name
Tony P. Hall

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | International Foundation, Arlington, VA | Spouse Salary | NA |
| | Halls Hand Laundry, Dayton, OH | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

Tony P. Hall

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | Asbury College | Speech | May 11, 1992 | $300.00 |
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**Reporting Individual's Name**
Tony P. Hall

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U S Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| | BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | Category of Amount of Income (X) | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | | |
| JT | Halls Hand Laundry(1/3 interest) | | | | | | X | | | | no dividend declared | | | | | | | NA | | | | | | | | | | | |
| JT | R.O. Asso. (1.98% limited partnership) | X | | | | | | | | | Loss | | | | | | | Loss | X | | | | | | | | | | |
| JT | Signet Bank, Arlington, VA | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| JT | Cong. Employees Fed Credit Union | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| DC | Jyl & Matthew Hall; Clifford Trust, a bank account held at BankOne in Dayton, OH, set up by Tony & Janet Hall | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Tony P. Hall

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| DC | Signet Bank, Arlington, VA (Account for minor children, Jyl & Matthew Hall | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | |
| DC | Shearson Lehman, Jyl & Matthew Hall (100 Shrs. Wendy's, 20 Shrs. Mattel and 10 Shrs. Technicolor Intl.) | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | Shearson Lehman, IRA for Tony and Janet Hall | | | | X | | | | | | | | | | | | | NA | | | | | | | | | | |

Reporting Individual's Name
Tony P. Hall

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Examples: Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| Examples: ABC Corporation | Aug. 8–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| 1st Annual Florida Family Weekend | Jan. 19-20 | Wash.DC-Jacksonville, FL- DC | Y | Y | None | N |
| Ralston-Purina | Apr. 22-23 | Wash. DC- Boston, MA- Wash. | Y | Y | None | N |
| Asbury College | May 10-11 | Wash.DC-Lexington,KY-Wash DC | Y | Y | None | N |
| Dayton Chamber of Commerce | June 19 | Wash, DC- Dayton, OH | N | N | None | Y, official business in my District |
| Northern Colorado Community Leaders | Nov. 30 - Dec. 2 | Wash.DC-Denver, CO-Wash. DC | Y | Y | None | N |
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Reporting Individual's Name
Tony P. Hall

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Limited Partnership(1.98% interest) | R.O. Associates - K-Mart Store |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO: 1982 80-635A (pb)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(4)

DAN HAMBURG
(Full Name)

1330 Boonville Road, Ukiah, California 95482
(Mailing Address)

Daytime Telephone: 202-225-3311

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [XX] Member of the U.S. House of Representatives | State: California District: First | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [XX] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

me
(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [XX] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [XX] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [ ] | No [X] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) |
|---|---|
| Dan Hamburg | 5/13/93 |

Reporting Individual's Name
DAN HAMBURG

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $8,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Mendocino Book Company, Ukiah, California | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

DAN HAMBURG

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| | BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| | ACCOUNT RECEIVABLE: Cmt to Elect Dan Hamburg, Ukiah, CA | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
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For additional assets and unearned income, use next page



1999

| Reporting Individual's Name |
|---|
| DAN HAMBURG |

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Wright Patman Federal Credit Union, DC | Overdraft loan | X | | | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs Joseph H Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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**Use additional sheets if more space is required.**

DAN HAMBURG
1ST DISTRICT, CALIFORNIA

COMMITTEES

PUBLIC WORKS AND TRANSPORTATION
SUBCOMMITTEES
ECONOMIC DEVELOPMENT
SURFACE TRANSPORTATION
WATER RESOURCES AND ENVIRONMENT

MERCHANT MARINE AND FISHERIES
SUBCOMMITTEES
ENVIRONMENT AND NATURAL RESOURCES
FISHERIES MANAGEMENT

**Congress of the United States**
**House of Representatives**
**Washington, DC 20515–0501**

WASHINGTON OFFICE
114 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225–3311

DISTRICT OFFICES
910 A WAUGH LANE
UKIAH, CA 95482
(707) 462–1716

299 I STREET
SUITE 12
CRESCENT CITY, CA 95531
(707) 465–0208

710 E STREET
SUITE 140
EUREKA, CA 95501
(707) 441–4949

817 MISSOURI STREET
SUITE 3
FAIRFIELD, CA 94533
(707) 426–0401

1040 MAIN STREET
SUITE 103
NAPA, CA 94559
(707) 254–8508

INSIDE MAIL
1 ✓
MC

June 4, 1993

Honorable Donnald K. Anderson
Clerk
U.S. House of Representatives
Washington, DC 20515

Dear Donn:

In preparing my 1992 Financial Disclosure Statement, I inadvertently neglected to include on Schedule 5 my liability to Sallie Mae - KS for a Student Loan. The Category of Amount of Value is "C".

Please consider this an amendment to my statement.

Thanking you in advance for your assistance in this matter.

~~Warm~~ Regards,

Dan.

DAN HAMBURG
Member of Congress

DH:dpe

cc: Office of Records and Registration (2)

OFFICE OF RECORDS & REGISTRATION
1993 JUN -8 AM 7:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(7)

HAND DELIVERED
MC
(Office Use Only)

1336

Lee Herbert Hamilton
(Full Name)

2187 Rayburn HOB Washington, DC 20515 — 202/225-5315
(Mailing Address) — Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Indiana District: 9 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes | X | No | | |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes | X | No | | |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes | X | No | | |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes | X | No | | |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes | | No | X | |
| Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes | | No | X | |
| Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes | X | No | | |
| Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes | | No | X | |
| Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes | | No | X | |
| Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | | | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes | | No | X |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes | | No | X |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** — **DATE (Month, Day, Year)** 5/17/93

Reporting Individual's Name

Lee Herbert Hamilton

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Spouse's income: sale of paintings to individuals and Columbia Hospital for Women | Spouse art | NA |

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

Lee Herbert Hamilton

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| Bradley Woods | speech | 5/4/92 | $1,760.00 |
| The Tobacco Inst. | speech | 5/19/92 | $2,000.00 |
| Brookings Inst. | speech | 5/20/92 | $ 400.00 |
| Century United Methodist Church | speech | 8/15/92 | $ 500.00 |
| Mansfield Center for Pacific Affairs | speech | 9/4/92 | $1,000.00 |
| Brookings Inst. | speech | 9/17/92 | $ 400.00 |
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**Reporting Individual's Name**

Lee Herbert Hamilton

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | | George Wash Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| S | Sears Roebuck & Co. stock | | | | | | | X | | | | | X | | | | | | | | | | | | X | | | | | | |
| JT | Sears Roebuck & Co. stock | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | General Motors stock | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | AT&T stock | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Pacific Telesis stock | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| JT | Money Market Fund Crestar Bank of VA | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Lee Herbert Hamilton

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | Money Market Fund Wright Patman FCU | | | | x | | | | | | | | | x | | | | | | | x | | | | | | | |
| S | AMCAP Fund IRA | | | x | | | | | | | | x | | | x | | | | x | | | | | | | | | |
| | Growth Fund of Wash. IRA | | | | x | | | | | | | | x | | x | | | | | x | | | | | | | | |
| S | John Nuveen TE | | | | x | | | | | | | | | x | | | | | | | x | | | | | | | |
| S | Nuveen Tax. Ex. | | | | x | | | | | | | | | x | | | | | | | x | | | | | | | |
| S | Bell Atlantic Corp. stock | | | | x | | | | | | | x | | | | | | | | | x | | | | | | | |
| S | Gov't Nat. Mortg. Bond | | | x | | | | | | | | | | x | | | | | | x | | | | | | | | x |
| S | Dade Co. FL Municipal Bond | | | | x | | | | | | | | | x | | | | | | | x | | | | | | | |
| S | Georgia St. Bond | | | | x | | | | | | | | | x | | | | | | | x | | | | | | | |
| S | Orlando FL Municipal Bond | | | | x | | | | | | | | | x | | | | | | | x | | | | | | | |
| S | St. Lucia Co. FL Municipal Bond | | | | x | | | | | | | | | x | | | | | | | | x | | | | | | |
| S | Old Kent. Chg. Bk. TE Cash Mgt. Fund | | | | | | x | | | | | | | x | | | | | | | | x | | | | | | x |
| S | Certif. of Deposit Crestar-VA | | | | x | | | | | | | | | x | | | | | | x | | | | | | | | |
| * S | Utah St. Bond | x | | | | | | | | | | | | x | | | | | | x | | | | | | | | x |
| * S | Old Kent Chg. Bk. Short Term TE Bond Fund | x | | | | | | | | | | | | x | | | | | | | | x | | | | | | x |

Reporting Individual's Name

Lee Herbert Hamilton

## SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| S | Old Kent Short Ter Tax EX Bond | | x | | 9/23/92 | | | | x | | | |
| S | Old Kent Tax EX Cash Management Fund | x | | | 9/23/92 | | | | x | | | |
| S | Utah St. HSq Fin. Agcy Bond | | x | | 6/16/92 | x | | | | | | |
| S | Gov't Nat. Mortgage Assoc. | | x | | 3/15/92<br>4/15/92 | x | | | | | | |

Reporting Individual's Name

Lee Herbert Hamilton

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Mansfield Center for Pacific Affairs | Sept. 3-6 | DC-Seattle-DC | Y | Y | Spouse | 1 Day |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

1993 MAY 12 AM 9 35

(14)

HAND DELIVERED

(Office Use Only)

Melton D. Hancock
(Full Name)

6200 W. Grand Street Road
(Mailing Address)

Daytime Telephone

Springfield, MO 65802

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State MO District 7 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

**SIGNATURE OF REPORTING INDIVIDUAL** Melton D. Hancock

**DATE (Month, Day, Year)** 4-14-93



1343

Reporting Individual's Name
Melton D. Hancock

## SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Supporting schedule attached | | 24,000 |
| | | | |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

| Source | Type | Amount |
|---|---|---|
| Federal Protection, Inc., Springfield, MO | Salary | * $24,000 |

* (Letter from U.S. House of Representatives Committee on Standards of Official Conduct dated 10-27-90 attached - " -- this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII -- ")

Board of Directors of Federal Protection (including the Chairman of the Board) receive absolutely no compensation for services as director.

Reporting Individual's Name
Melton D. Hancock

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Supporting schedule attached | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Melton D. Hancock

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | Other Income | Category of Amount of Income (X) | | | | | | | | | | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S DC, JT | | NONE | A | B | C | D | E | F | G | H | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRST | | NONE | I | II | III | IV | V | VI | VII | VIII | IX | |
| | Federal Protection, Inc Stock (Sub S) | | | | | | | X | | | X | | X | | | | | | | | | | | | X | | |
| | 614 N Haseltine Rd, Springfield, MO | | | | | | X | | | | | X | | | | | | | | | | X | | | | | |
| | 6200 W. Grand, Springfield, MO (farm) | | | | | | X | | | | | X | | | | | | | | | | X | | | | | |
| | Leased vehicle-to Fed Prot, Inc. | | | X | | | | | | | | X | | | | | | | | | | X | | | | | X |
| | SDL Properties Stock (Sub S) | | | | X | | | | | | | | X | | | | X | | | | | | | | | | |
| | Note receivable-SDL Properties | | | | X | | | | | | | | X | | | | X | | | | | | | | | | X |
| | Mtg on Barne Meadows-Phillip Downs | | | | X | | | | | | | | X | | | | | | | | X | | | | | | |
| | Mtg-Ben & Luann Wylie | | | | X | | | | | | | | X | | | | | X | | | | | | | | | X |
| | State Bank SW Mo (Checking & Savings) | | | | X | | | | | | | | X | | | | | | X | | | | | | | | |
| | Farm & Home Savings & Loan (CD) | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| | A.S.A. Stock | | | | X | | | | | | X | | | | | | | | X | | | | | | | | X |
| | Citra Safe De ADR's | | | X | | | | | | | X | | | | | | X | | | | | | | | | | X |
| | Great Southern (Checking, Savings & CD) | | | | | X | | | | | | | X | | | | | | | | X | | | | | | |
| | United Savings (CD) | | | | | | X | | | | | | X | | | | X | | | | | | | | | | X |
| | U S Treasury Securities | X | | | | | | | | | | | X | | | | | | | | | X | | | | | X |
| | Exxon Corporation (Bonds) | | | | | X | | | | | | | X | | | | | | | | X | | | | | | |
| | Mo State Envir Auth (Itan Bonds) | | | | X | | | | | | | | X | | | | | | | X | | | | | | | |
| | Mo State Health Facility (Cox Bonds) | | | | X | | | | | | | | X | | | | | | | X | | | | | | | |
| | Mo State Housing & Dev Auth (Bonds) | X | | | | | | | | | | | X | | | | X | | | | | | | | | | X |
| | National Municipal Trust Ser (Bonds) | | | X | | | | | | | | | X | | | | | | | X | | | | | | | X |
| | City of Springfield Park Bd (Bonds) | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| | City of Springfield Public Util (Bonds) | | | X | | | | | | | | | X | | | | | | X | | | | | | | | |
| | St Louis Mo Revenue (Bonds) | | | | X | | | | | | | | X | | | | | | | X | | | | | | | |
| | Fidelity Magellan Fund | | | | X | | | | | | X | | | | | | | | | | X | | | | | | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Melton D. Hancock

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Year End Value (X) | | | | | | | | | Type of Income (X) | | | | | Other Income | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S DC, JT | | NONE | A | B | C | D | E | F | G | H | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRST | | NONE | I | II | III | IV | V | VI | VII | VIII | IX | |
| | Houston Industries (Common Stock) | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| | American Electric Power (Common Stock) | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Dreyfus Worldwide Fund | | | | | X | | | | | X | | | | | | | | | X | | | | | | | |
| | 20th Century Funds-Personal (MM Fund) | | | | | | X | | | | X | | | | | | | | | X | | | | | | | |
| | Union Electric (Common Stock) | | | X | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Vanguard Prime (Mutual fund) | | | | | | X | | | | X | | | | | | | | | | X | | | | | | |
| | United Services Gold Fund (Stock) | | | X | | | | | | | X | | | | | | | | X | | | | | | | | X |
| | Great Southern Savings (Stock) | | | | | X | | | | | X | | | | | | | | X | | | | | | | | |
| S | T Rowe Price-(IRA-SEP)-Spouse | | | | X | | | | | | X | | | | | | NA | | | | | | | | | | |
| | T Rowe Price-(IRA-SEP)-Mel | | | | | | X | | | | X | | | | | | NA | | | | | | | | | | |
| | 20th Century Funds-Pension | | | | X | | | | | | X | | | | | | NA | | | | | | | | | | |
| | 20th Century Funds-Profit Sharing | | | | | X | | | | | X | | | | | | NA | | | | | | | | | | |
| S | S I McDaniel Trust (1/2 interest) : | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Centarland Fund (Money Market a/c) | | | X | | | | | | | | | X | | | | | X | | | | | | | | | |
| | Boatmens Trust Int Exempt Fund | | | | X | | | | | | | | X | | | | | | X | | | | | | | | |
| | Land-2405 S National, Springfield, Mo (Includes rental house & 15 Acres) | | | | | | X | | | | | X | | | | | | | | X | | | | | | | |

Reporting Individual's Name
Melton D. Hancock

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | Supporting schedule attached | | | | | | | | | | | |

Schedule IV

SCHEDULE IV - TRANSACTIONS

MELTON D. HANCOCK

| S,DC JT | IDENTIFICATION OF ASSETS | PURCHASE | SALE | EXCHANGE | DATE | B | C | D | E | F | G | H |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Leased vehicle sold-1991 Ford Taurus | | X | | 04-Apr-92 | X | | | | | | |
| | SDL Properties - Cash loaned to corporation | X | | | Various 1992 | | X | | | | | |
| | Mortgage loan to Ben & Luann Wylie | X | | | 02-Oct-92 | | X | | | | | |
| | A.S.A. stock purchased (500 sh) | X | | | 11/06/92 | | X | | | | | |
| | A.S.A. stock purchased (500 sh) | X | | | 11/19/92 | | X | | | | | |
| | Cifra Safe De ADR,s purchased (2,500 sh) | X | | | 10/08/92 | X | | | | | | |
| | United Savings CD purchased | X | | | 12/29/92 | | | X | | | | |
| | U.S. Treasury Securities | | X | | 12/29/92 | | | X | | | | |
| | Mo State Housing & Dev Auth (Bonds) | | X | | 20-Jul-92 | | X | | | | | |
| | United Services Gold Fund Stock (3472 sh) | X | | | 18-Jan-92 | X | | | | | | |
| | National Municipal Trust Ser-Principal Maturities | | X | | Monthly 1992 | X | | | | | | |

Reporting Individual's Name
Melton D. Hancock

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| | Supporting schedule attached |
| | |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO: 1982 66-838A (26)

SCHEDULE VIII - POSITIONS

| Positions | Name of Organization |
|---|---|
| Chairman of the Board | Federal Protection, Inc. Springfield, Mo |
| President & Chairman of the Board | Taxpayers Survival Association 6200 W Grand, Springfield, Mo |
| President | S.D.L. Properties, Inc. 6200 W Grand, Springfield, Mo |
| Co-Trustee | Federal Protection Pension Plan Springfield, Mo |
| Co-Trustee | Federal Protection Profit Sharing Plan Springfield, Mo |

ONE HUNDRED FIRST CONGRESS
JULIAN C. DIXON, CALIFORNIA, CHAIRMAN
VIC FAZIO, CALIFORNIA
BERNARD J. DWYER, NEW JERSEY
ALAN B. MOLLOHAN, WEST VIRGINIA
JOSEPH M. GAYDOS, PENNSYLVANIA
CHESTER G. ATKINS, MASSACHUSETTS
(202) 225-7103

JOHN T. MYERS, INDIANA
JAMES V. HANSEN, UTAH
CHARLES PASHAYAN, JR., CALIFORNIA
THOMAS E. PETRI, WISCONSIN
LARRY E. CRAIG, IDAHO
FRED GRANDY, IOWA
RALPH L. LOTTON, CHIEF COUNSEL

**U.S. House of Representatives**
**Committee on Standards of Official Conduct**
**Suite HT-2, U.S. Capitol**
**Washington, DC 20515**

October 27, 1990

OCT 30 1990

The Honorable Mel Hancock
United States House of Representatives
511 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter requesting guidance regarding the limitations on outside earned income in the Ethics Reform Act as it relates to compensation you receive from Federal Protection, Inc.

You explain that Federal Protection, Inc. was chartered as a general business corporation for the purpose of providing security systems to the banking and financial industries. The company writes primarily five-year lease maintenance contracts and is very capital intensive. In 1984, the Company purchased the outstanding shares of the stockholders except those shares owned by you and your wife. A verbal agreement was made to transfer on an annual basis ownership to your son of approximately 43 percent of the company through 1989, which has been accomplished.

After your 1988 election to Congress, your son was made President of the company and is full time operating officer. You remain Chairman of the Board and only look after the financial affairs and financing of the company. You do not participate in the soliciting of additional business. You ask if, in view of limitations included in the Ethics Reform Act of 1989 (P.L. 101-194, as amended by P.L. 101-280), you may continue to receive any income from the company, as well as contributions on your behalf to a profit-sharing plan. The Committee notes that on your Financial Disclosure Statement for calendar year 1989, you reported earned income from Federal Protection, Inc. of $24,000, in addition to dividends and lease payments.

Several provisions of Federal law and House rules, as amended by the Ethics Reform Act of 1989, are relevant to your inquiry. Members of the House are limited in the amount of outside earned income they may receive in a calendar year by House Rule XLVII. For calendar year 1990, the outside earned income limit is 30 percent of the aggregate yearly congressional

salary paid in 1989, or $26,850. House Rule XLVII, clause 1(b)(1). For calendar years after 1991, the earned income limit will be 15 percent of the January 1 rate of pay in effect for level II of the Executive Schedule (the same rate at which House Members are paid). House Rule XLVII, clause 1(a)(2); see also section 501(a) of the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 7, §501(a), hereinafter cited as "EIGA".

"Outside earned income" is defined in Rule XLVII, clause 3(e), to mean "wages, salaries, fees, and other amounts received or to be received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(e)(4) of Rule XLVII specifically states that outside earned income does not include--

. . . .

> (2) any compensation derived by such Member for personal services actually rendered prior to . . . becoming such a Member . . . ;
>
> (3) any amount paid by, or on behalf of, a Member to a tax-qualified pension, profit-sharing, or stock bonus plan and received by a Member from such a plan; [and]
>
> (4) in the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

Even if compensation is consistent with the definition of "outside earned income" or falls within one of the stated exemptions, certain activities for compensation will be totally prohibited by Federal law and House Rule XLVII beginning January 1, 1991. Section 502 of EIGA (5 U.S.C. app. 7, §502) provides, in pertinent part, that Members of the House, as well as other senior government officials, shall not--

> (1) receive compensation for affiliating with or being employed by a firm, partnership, association, corporation, or other entity which provides professional services involving a fiduciary relationship;
>
> (2) permit that Member's . . . name to be used by any such firm, partnership association, corporation, or other entity;

> (3) receive compensation for practicing a profession which involves a fiduciary relationship; [or]
>
> (4) serve for compensation as an officer or member of the board of any association, corporation, or other entity.

See also House Rule XLVII, clause 2.

The statute does not define what constitutes "professional services which involve a fiduciary relationship." That determination has been left to this Committee with respect to House Members and staff, pursuant to its authority under sections 503(1)(A) and 504(b) of EIGA (5 U.S.C. app. 7, §§503(a)(A) and 504(b)). See Report of the House Bipartisan Task Force on Ethics on H.R. 3660, p. 16, Cong. Rec. (daily ed.), Nov. 21, 1989, H9257.

The legislative history of the Ethics Reform Act suggests the primary objectives behind enactment of the prohibition on the paid practice of a profession which involve a fiduciary relationship. The first was to prevent any conflict between the responsibility of a public official to act for the common good and the obligation which would be owed a private client paying compensation. The second was to make certain that official position was not being used for private gain. The third objective was to "ensure that honoraria not reemerge in various kinds of professional fees from outside interests." See Task Force Report, supra, pp. 15-16.

To determine whether employment in which a Member proposes to engage is prohibited under the statute, the Committee is looking at more than the title of the position and the kind of services typically performed by those in the occupation. Subject to further legislative guidance, the Committee is evaluating the nature and circumstances of each individual's particular employment on a case-by-case basis in light of the objectives of the Ethics Reform Act.

With respect to your services for Federal Protection, Inc., the Committee views the statute as prohibiting you serving for compensation as Chairman of the Board. This does not mean, however, you are totally precluded from receiving any compensation. Consistent with House Rule XLVII, you may be paid an amount consistent with what you received in 1989 to look after the financial affairs and financing of the company, as long as it is not indirect compensation for serving as Chairman. Payments may also be paid on your behalf to a tax-qualified profit-sharing plan. In reaching this decision, we note that the salary you were paid by Federal Protection, Inc. prior to your election to the House of Representatives was significantly more than you have been receiving since coming to Congress. In addition, the payment is consistent with the policy enunciated in House Rule

XLVII to permit a Member to accept compensation to protect his interest in a family business. Your limited efforts appear aimed at preserving your equity, rather than generating income for the company. Such continuing service related to a family-controlled business suggests neither a significant conflict between public and private obligations, nor accrual of a benefit on account of your status as a Member of Congress. Furthermore, payments to you are not in consideration of speeches, appearances, or articles.

Based on the above considerations, we are of the opinion that while you may not serve for compensation as a board member or director of Federal Protection, Inc., you may receive compensation, in an amount consistent with what your have received in prior years while a Member of Congress, for protection of your equity, provided your family continues to own a controlling interest in the business. Activities which do not generate a significant amount of income for the family-controlled company will continue to fall within the cited exemption in House Rule XLVII. Furthermore, your receipt of this compensation will not be prohibited after January 1, 1991, since we do not view you as performing "professional services involving a fiduciary relationship" for the purposes of section 502 of EIGA and House Rule XLVII.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year.

As stated above, this opinion is subject to reconsideration based on subsequent enactment of legislation or rule changes. If you have any further questions concerning this matter, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Julian C. Dixon
Chairman

John T. Myers
Ranking Minority Member

JS:MJD

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

JAMES V. HANSEN
(Full Name)

399 EAST OAK LANE — WASH. D.C. (202) 225-0453
(Mailing Address) — Daytime Telephone

FARMINGTON, UTAH 84025

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: UTAH District: 1st | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

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U.S. HOUSE OF REPRESENTATIVES

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## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: James V. Hansen

DATE (Month, Day, Year): 5/11/93

Reporting Individual's Name

JAMES V HANSEN

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | STATE FARM INSURANCE | SPOUSE SALARY | NA |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
JAMES V HANSEN

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | AMERICAN RESTORATION CORPORATION | SPEECH | APR. 18, 1992 | $2,000 |
| | THE FURMAN GROUP | SPEECH | DEC. 11, 1992 | $2,000 |
| | NEVADA RESORT ASSOCIATION | SPEECH | DEC. 11, 1992 | $2,000 |
| | COLORADO RIVER WATER USERS ASSOCIATION | SPEECH | DEC. 11, 1992 | $1,500 |

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Reporting Individual's Name
JAMES V. HANSEN

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | A None | B Less than $1,001 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | over $1,000,000 | |
| S, DC, JT | Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| JT | OFFICE BUILDING 60 SOUTH 200 W FARMINGTON, UTAH 84025 | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | |
| JT | BUILDING LOTS (3) WOODLAND SPRINGS PLAT A FARMINGTON, UTAH 84025 | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | | |
| JT | CONGRESSIONAL FEDERAL CREDIT UNION ACCOUNT | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | MOUNTAIN AMERICA CREDIT UNION ACCOUNT | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | U. S. SAVINGS BONDS | | | | X | | | | | | | | | X | | | | | X | | | | | | | | | | | |
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For additional assets and unearned income, use next page

Reporting Individual's Name

JAMES V HANSEN

## SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | AMERICA FIRST CREDIT UNION | MORTGAGE ON RENTAL OFFICE BLDG 60 SOUTH 200 W FARMINGTON, UT | | X | | | | | |
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## SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $25 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name

JAMES V HANSEN

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | ALYESKA PIPELINE SERVICE CO | AUG 16-19 1992 | SLC,UT-ALASKA-SLC UT | Y | Y | SPOUSE | N |
| | CENTRAL UTAH PROJECT | DEC 11-12 1992 | WASHINGTON D.C.- LAS VEGAS- SLC UT | Y | Y | NONE | N |
| | RHODES FOR CONGRESS COMMITTEE | June 20-21, 1992 | SLC,UT-PHOENIX-SLC, UT | Y | Y | NONE | N |
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Reporting Individual's Name

JAMES V HANSEN

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| SECRETARY | COMMITTEE ON LIMITING TERMS |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of paymants by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

Jane Harman
(Full Name)

5200 W. Century Boulevard Suite 960
(Mailing Address)

Los Angeles, California 90045

Daytime Telephone: 310-348-8220

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: CA District: 36th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [ ] | No [X] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [ ] | No [X] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes [ ] | No [X] |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jane Harman

DATE (Month, Day, Year): 5/13/93

Reporting Individual's Name

Jane Harman

## SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Harman International Industries, Inc. | Spouse Salary | N/A |
| | Jones, Day, Reavis & Pogue | Salary | 180,000 |
| | Fifty Third Street Ventures, L.P. | Spouse Fees | N/A |

For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
Jane Harman

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | Category of Amount of Income (X) | | | | | | | | | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | X | | | | | | | | X | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | X | | | | | | | | X | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| | BANK ACCOUNTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Citibank | | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | |
| | Crestar | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Riggs | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| | Independence Federal Savings Bank | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | |
| | American Security | | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | |

For additional assets and unearned income, use next page

# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jane Harman

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST / QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| Loan to Campaign 1 | | | | | | X | | | | | | | | | | | X | | | | | | | | | | |
| FEDERAL AND MUNICIPAL OBLIGATIONS: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treasury Notes | | | | | | | | X | | | | | X | | | | | | | | | | X | | | X | |
| Kenai Peninsula Municipal Bond | | | | | | | X | | | | | | X | | | | | | | | | X | | | | | |
| Texas Housing Agnecy " | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | |
| Austin Texas " | | | | | | | X | | | | | | X | | | | | | | | | X | | | | | |
| Ohio State Pub Facs " | | | | | | | X | | | | | | X | | | | | | | | | X | | | | | |
| Oklahoma City " | | | | | | | X | | | | | | X | | | | | | | | | X | | | | | |
| Puerto Rico Commonwealth RFDG " | | | | | | | X | | | | | | X | | | | | | | | | X | | | | | |
| Puerto Rico Commonwealth Pub. Impt " | X | | | | | | | | | | | | X | | | | | | | | X | | | | | X | |
| DC Series D " | | | | | | X | | | | | | | X | | | | | | | | X | | | | | | |
| DC Series A " | X | | | | | | | | | | | | X | | | | | | | | X | | | | | X | |
| Sioux City " | X | | | | | | | | | | | | X | | | | | | | | X | | | | | X | |
| Lake City " | X | | | | | | | | | | | | X | | | | | | | | X | | | | | X | |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jane Harman

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | EQUITIES: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Harman International Common | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Harman International Options Common | | | | | | X | | | | | | | | | | | X | | | | | | | | | |
| | Time Warner Common | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| | General Motors Common | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| | Wells Fargo Common | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| | Allied Capital Corp. MD Common | | X | | | | | | | | X | | | | | | | | X | | | | | | | | X |
| | Xerox Common | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | REAL ESTATE LIMITED PARTNERSHIPS: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Hunt Valley (Owning Embassy Suites Hotel in Hunt Valley, MD) | X | | | | | | | | X | | | | | | | * | X | | | | | | | | | |
| | M&M Land Limited (Owning 57 Acres in Henrico County, VA leased to Richmond Center Assoc. LP) | | X | | | | | | | X | | | | | | | * | | | X | | | | | | | |
| | Timberline Office Park Assoc. LP (Owning Timberline Office Park Austin, Texas) | X | | | | | | | | X | | | | | | | * | X | | | | | | | | | |

* Partnership Income

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jane Harman

| S, DC, JT | BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.) | BLOCK B Valuation of Asset: Year End Value (X) A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | BLOCK C Income: Type of Income (X) DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | Category of Amount of Income (X) I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | BLOCK D Transaction (X) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Piscataway Centennial Assoc. LP (Owning Piscataway Embassy Suites Hotel) | X | | | | | | | | | X | | | | | | | * | X | | | | | | | | | | |
| | South Norwalk Redevelopment, LTD (Owning Brookfield Craft Center, Washington Row 1,2,3) | | | X | | | | | | | X | | | | | | | * | X | | | | | | | | | | |
| | INVESTMENT LIMITED PARTNERSHIPS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Offit International Investments Fund, LP (See Attachment 1) | | | | | | | X | | | X | | | | | | | * | | | | | | | X | | | | |
| | Fifty Third Street Ventures, LP (See Attachment 2) | | | | | | | | X | | X | | | | | | | * | X | | | | | | | | | | |
| | SBSF Agressive Fund (Liquidated) | X | | | | | | | | | | | | | | | | * | X | | | | | | | | | | X |
| | RETIREMENT PLANS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Harman International Inc. Retirement Plan (not self directed) | | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | |

* Partnership Income

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jane Harman

| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | Transaction (X) |
| S, DC, JT | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| TRUSTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sidney Harman 1988 Grantor Trust | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| Jane Harman 15 Year Grantor Income Trust | | | | | | | | X | | | | | | | | | | X | | | | | | | | | |
| Jane Harman 25 Year Grantor Income Trust | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| NY Municipal Investment Trust | X | | | | | | | | | | | | | | | | ** | | | | | | | | | | X 2692.80 |

**Return of Principal

Reporting Individual's Name

Jane Harman

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H Over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | SBSF Agressive Fund L.P. (Liquidation) | | X | | 12/31/92 | | | | | X | | |
| | DC Series A Municipal Bond | | X | | 10/30/92 | | | | X | | | |
| | Lake City Indiana Municipal Bond | | X | | 10/30/92 | | | | X | | | |
| | Sioux City Municipal Bond | | X | | 6/4/92 | | | | X | | | |
| | Sioux City Municipal Bond | | X | | 6/4/92 | | | | X | | | |
| | U.S. Treasury Note | | X | | 2/15/92 | | | | | X | | |
| | Puerto Rico Commonwealth Pub Impt | | X | | 7/1/92 | | | | X | | | |
| | Allied Capital Corp- MD | X | | | 7/22/92 | X | | | | | | |
| | General Motors Corp. | X | | | 7/22/92 | X | | | | | | |
| | Time Warner Inc. | X | | | 7/22/92<br>9/11/92 | X | | | | | | |
| | Wells Fargo & Co. | X | | | 7/22/92 | X | | | | | | |
| | NY Municipal Investment Trust | | X | | 12/28/92<br>12/31/92 | X | | | | | | |
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Reporting Individual's Name

Jane Harman

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 8-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | John F. Kennedy School of Govern. Harvard University Cambridge, Massachusetts | Feb 9-10 | Los Angeles-Boston- Los Angeles | Y | Y | None | None |
| | | | | | | | |
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This page may be copied if more space is required.

Reporting Individual's Name

Jane Harman

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Director, Secretary | Harman International Industries, Inc.--Uncompensated Resigned November 92 |
| Director | International Human Rights Law Group--Uncompensated |
| Director | The Raiser Foundation, Inc.--Uncompensated |
| Vice President | The Harman Family Foundation--Uncompensated |
| Member | John F. Kennedy School of Government, Harvard University, Visiting Committee--Uncompen. |
| Director | Center for National Policy--Uncompensated Resigned November 92 |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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GPO: 1992 — 86-434A (PM)

Reporting Individual's Name

Jane Harman

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| Trustee | Jane Harman 25 Year Grantor Income Trust--Uncompensated |
| Trustee | Jane Harman 15 Year Grantor Income Trust--Uncompensated |
| Trustee | Sidney Harman 1988 Grantor Trust--Uncompensated |
| Of Counsel | Jones Day Reavis & Pogue Resigned effective 12/31/92 |
| | |
| | |

## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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GPO: 1992 O-336A (24)

Jane Harman
Attachment to Financial Disclosure Statement
Year Ending 12/31/92

Disclosure Regarding Limited Partnership Interests and Use of Alternative Valuation Methods:

Two basic methods have been used to determine the value of each partnership interest. These methods differ as a result of the information available at the date of filing.

Method 1

Where market value financial statements were available, the value was determined by applying the ownership percentage of the reporting individual to the total value of the capital account reserved for limited partners. Method 1 was implemented with regard to Offit International Investment Fund, L.P. and Fifty-Third Street Ventures, L.P.

Method 2

In some cases market value financial statements were not available. Accordingly, the ending capital balances for the reporting individual were used to value partnership interests. Method 2 was implemented with regard to Hunt Valley Associates, Timberline Office Park Associates, M&M Land Limited Partnership, Piscataway Centennial Associates and South Norwalk Redevelopment, Ltd.

12 of 14

Jane Harman
Attachment 1 1992 Financial Disclosure Statement

Offit International Investment Fund, LP
Detail of Investment Position
12/31/92

| Description | Category of Market Value |
|---|---|
| Cash & Cash Equivalents | 1,001 - 15,000 |
| Fixed Forward Contracts: | |
| Deutchmark | 1,001 - 15,000 |
| Belgium | 1 - 1,000 |
| Yen | 1 - 1,000 |
| Peso | 15,001 - 50,000 |
| International Bonds: | |
| Kingdom of Belgium | 15,001 - 50,000 |
| World Bank | 15,001 - 50,000 |
| BundesRepublic | 100,001 - 250,000 |
| Republic of Austria | 1,001 - 15,000 |
| Societe Natl Chemins de Fer | 15,001 - 50,000 |

13 of 14

Jane Harman
Attachment 2 1992 Financial Disclosure Statement

Fifty-Third Street Ventures, LP
Detail of Investment Position
12/31/92

| Description | Category of Market Value |
|---|---|
| Public: | |
| Metrovision | 1,001 - 15,000 |
| Private: | |
| Argentum Group | 15,001 - 50,000 |
| Date/Ware Development | 15,001 - 50,000 |
| Fowler Carbonics | 50,001 - 100,000 |
| Fusion Systems | 250,001 - 500,000 |
| Inland Helicopter | 50,001 - 100,000 |
| Industrial Services | 50,001 - 100,000 |
| Knowledge Engineering | 50,001 - 100,000 |
| Medical Specialists | 15,001 - 50,000 |
| Ontos | 1,001 - 15,000 |
| Production Technologies | 15,001 - 50,000 |
| Satellite Radio | 1,001 - 15,000 |

14 of 14

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
RECORDS & ADMINISTRATION
MAY 19 AM 9 59
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(8)

MAY 17 1993

(Office Use Only)

| | |
|---|---|
| (Full Name) | J. Dennis Hastert |
| (Mailing Address) | P.O. Box 386 |
| | Yorkville, Illinois 60560 |
| Daytime Telephone | 202/225-2976 |
| Filer Status | [X] Member of the U.S. House of Representatives — State Illinois District 14th; [ ] Officer or Employee — Employing Office: |
| Report Type | [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [X] | No [ ] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

| | |
|---|---|
| SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month, Day, Year) 5-15-93 |

Reporting Individual's Name
J. Dennis Hastert

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | Yorkville, Illinois School District #115 | Spouse Salary | N/A |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name
J. Dennis Hastert

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Examples: Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| Grocer Manufacturers Association, Wash., DC | Speech | February 19, 1992 | $1,000 |
| American Trucking Association, Wash., DC | Speech | April 29, 1992 | $1,000 |
| Grocer Manufacturers Association, Wash., DC | Speech | September 17, 1992 | $1,000 |
| Non-Prescription Drug Manufacturers Association, Wash., DC | Speech | September 17, 1992 | $500 |
| Cap 12 Group – Allstate Insurance Company | Speech | September 23, 1992 | $500 |
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Schedule II

Reporting Individual's Name
J. Dennis Hastert

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U S Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | BLOCK B Valuation of Asset | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional | | | Year End Value (X) | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| | | George Wash Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | 162 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | Yorkville National Bank | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| JT | Rental House, 7630 Rte 34 Oswego IL 60543 | | | | | | | X | | | | | | X | | | | | | X (Net) | | | | X (Gross) | | | | | | |
| JT | Farm, RR1, Shipman IL 270 Acres | | | | | | | X | | | | | | | | | | | Farm Income | X | (Net) | | | X (Gross) | | | | | | |
| | Opera House Property, 500 Lockport St. Plainfield, IL 60543 (1/2 Interest) | | | | | | | X | | | | | | | | | | | Partnership Income | | (Net) | X | | | X (Gross) | | | | | |
| JT | Townhouse, Capitol Park, Washington, DC | | | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name: J. Dennis Hastert

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| DC | Wayne Hummer Growth Fund (Mutual Fund) | X | | | 2-12-92 | X | | | | | | |

Reporting Individual's Name
J. Dennis Hastert

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | Yorkville National Bank | Mortgage on 51½ acres Farmland, Shipman, IL | X | | | | | | |
| | First Midwest Bank (Joliet) | 50% interest in Mortgage by Opera House Properties | | X | | | | | |
| JT | Goldome | Mortgage on Washington, DC Townhouse | | | X | | | | |
| JT | Federal Land Bank | Mortgage on 110 acres farmland Shipman, IL | | | X | | | | |
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## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
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Use additional sheets if more space is required.

Reporting Individual's Name
J. Dennis Hastert

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25

| | Source | Date(s) | Point of Departure – Destination(s) – Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C. – Chicago – Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C. – Los Angeles – Cleveland | Y | Y | Spouse | 4 Days |
| | Enron Corporation | Feb. 12-16 | Chicago-London-Teesside-Chicago | Y | Y | None | None |
| | [Power Site Visit and briefing by U.K. Government and Industry Officials regarding U.K. Privatization Policy] | | | | | | |
| | United States Telephone Association | Nov 12-14 | Chicago – Key West – W. Palm Beach | Y 2 Nights | Y 2 Days | Spouse | None |
| | [Participant Telecommunications Leadership Roundtable – speech] | | | | | | |
| | Association of American Railroads | | West Palm to Chicago (Ground Transportation to Yorkville) | Y 2 Nights | Y 2 Days | Spouse | None |
| | [Participant AAR Legislative Conference – speech] | | | | | | |

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Reporting Individual's Name
J. Dennis Hastert

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
|---|---|
| 50% Partner | Opera House Property Partnership |
| | |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| N/A | State of Illinois - State Employee Retirement System | Pension Available at age 55 due to Prior Service |
| | | |
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GPO: 1992 50-536A (pm)

J. DENNIS HASTERT
14TH DISTRICT, ILLINOIS

2453 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1314
(202) 225-2976

27 NORTH RIVER STREET
BATAVIA, IL 60510
(708) 406-1114

1007 MAIN STREET
MENDOTA, IL 61342
(815) 538-3322

HAND DELIVERED

COMMITTEE ON
ENERGY AND COMMERCE

COMMITTEE ON GOVERNMENT
OPERATIONS

EXECUTIVE COMMITTEE ON
COMMITTEES

SELECT COMMITTEE ON
HUNGER

**Congress of the United States**
**House of Representatives**
**Washington, DC 20515-1314**

May 20, 1993

(2)

MC

1993 MAY 20 PM 3 02
U.S. HOUSE OF REPRESENTATIVES

Office of the Clerk
Records and Registration
U.S. House of Representatives
1036 Longworth
Washington, D.C. 20515

Dear Sir:

After filing my Financial Disclosure Statement for 1992 I realized that I had neglected to include on page 7, Schedule VII, the dates on which I participated in the Association of American Railroads Legislative Conference. Those dates were November 14-16, 1992. I have enclosed two corrected copies of Schedule VII.

Sincerely,

J. Dennis Hastert
Member of Congress

JDH:bb

J. Dennis Hastert

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | Enron Corporation | Feb. 12-16 | Chicago-London-Teesside-Chicago | Y | Y | None | None |
| | [Power Site Visit and briefing by U.K. Government and Industry Officials regarding U.K. Privatization Policy] | | | | | | |
| | United States Telephone Association | Nov 12-14 | Chicago - Key West - W. Palm Beach | Y 2 Nights | Y 2 Days | Spouse | None |
| | [Participant Telecommunications Leadership Roundtable - speech] | | | | | | |
| | Association of American Railroads | Nov. 14-16 | West Palm to Chicago (Ground Transportation to Yorkville) | Y 2 Nights | Y 2 Days | Spouse | None |
| | [Participant AAR Legislative Conference - speech] | | | | | | |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

ALCEE L. HASTINGS
(Full Name)

1039 Longworth HOB, Washington, D. C. 20515
(Mailing Address)

Daytime Telephone: 202-225-1313

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: Florida District: 23rd | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

(8)

MC

(Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | X | |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | | X |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | X | |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | | X |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | X | |
| Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | | X |
| Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | X | |
| Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | X | |
| Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | | X |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | | X |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) | | X |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

**SIGNATURE OF REPORTING INDIVIDUAL** Alcee L. Hastings

**DATE (Month, Day, Year)** May 12, 1993

1388

Reporting Individual's Name
Alcee L. Hastings

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $8,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | LAW FIRM OF ALCEE L. HASTINGS | Fees (Gross) | $300,000.00 |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

Alcee L. Hastings

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | NONE | | | |
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Reporting Individual's Name

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | Transaction (X) |
| | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT Examples: S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | |
| | 8528 Longacre Drive Miramar, Florida 33025 | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | |
| | 5602 NW 206 Terrace Miami, Florida (½ interest) | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | Marriott Ownership Resorts (½ Int.) | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Nations Bank (Ft.Lauderdale) | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Wright Patman Credit Union Accts. | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Hastings For Congress Campaign | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page

Reporting Individual's Name: Alcee L. Hastings

## SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

| S, DC, JT | Identification of Assets | Type of Transaction (X): Purchase | Sale | Exchange | DATE (MO, DAY, YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Example: ABC Corporation Common Stock | X | | | 10-12-92 | | | X | | | | |
| | NONE | | | | | | | | | | | |

Reporting Individual's Name: Alcee L. Hastings

## SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | Boston Company, Boston Massachusetts | Personal Loan | X | | | | | | |
| | Terrence Anderson | Legal Fees | | | | | | | X |
| | Patricia Williams | Legal Fees | | | | | | X | |
| | Robert Catz | | | | | | | X | |
| | Karr & McClain | | | | | X | | | |
| | Mark McDonald | | | X | | | | | |
| | Lewis Myers | | | X | | | | | |

## SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| NONE | | |

Use additional sheets if more space is required.

Reporting Individual's Name

Alcee L. Hastings

## SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| | Source | Date(s) | Point of Departure – Destination(s) – Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar 2 | Wash., D.C. – Chicago – Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 8-13 | Wash., D.C. – Los Angeles – Cleveland | Y | Y | Spouse | 4 Days |
| | Greater St.Louis Media Coalition | 5/1/93 | TAL, FL-St.Louis, Wash. DC | Y | Y | None | 1-Day |
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| Reporting Individual's Name |
| --- |
| Alcee L. Hastings |

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization |
| --- | --- |
| Vice President | Women & Children First (non-Profit) |
| | |
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## SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
| --- | --- | --- |
| | NONE | |
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GPO: 1993 86-334A (m)

AMENDED AMENDED AMENDED May 25, 1993

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Reporting Individual's Name: Alcee L. Hastings

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U S Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A If you use a valuation method other than fair market value, explain the method used If an asset is sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income You must, however, name the institution holding the IRA

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-15.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the left. (This is optional.) See Instructions, page 17.

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| BLOCK A Asset and/or Income Source | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column This column is optional. | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT Examples: S ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| George Wash Credit Union Accounts | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| 182 Main Street, Dover, Delaware | | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| 8528 Longacre Drive Miramar, Florida 33025 | | | | | | | X | | | | | | | | | | | | (NONE) | | | | | | | | | |
| 5602 NW 206 Terrace Miami, Florida (½ interest) | | | | | | X | | | | | | | | | | | | | (NONE) | | | | | | | | | |
| Marriott Ownership Resorts (½ Int.) | | | X | | | | | | | | | | | | | | | | (NONE) | | | | | | | | | |
| Nations Bank (Ft. Lauderdale) | | | X | | | | | | | | | | | | | | | | (NONE) | | | | | | | | | |
| Wright Patman Credit Union Accts. | | X | | | | | | | | | | | | | | | | | (NONE) | | | | | | | | | |
| Hastings For Congress Campaign | | | X | | | | | | | | | | | | | | | | (NONE) | | | | | | | | | |

For additional assets and unearned income, use next page

Page ____ of ____

Schedule III

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES

(7)

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(Office Use Only)

JAMES A. HAYES
(Full Name)

2432 RAYBURN H.O.B.
(Mailing Address)

202-225-2031
Daytime Telephone

WASHINGTON, D.C. 20515

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: LA District: 7 | [ ] Officer or Employee | Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

## PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes [ ] | No [X] |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes [X] | No [ ] | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes [X] | No [ ] |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes [X] | No [ ] | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes [X] | No [ ] |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes [ ] | No [X] | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes [ ] | No [X] |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes [X] | No [ ] | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | Yes [ ] | No [X] |
| **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | Yes [ ] | No [X] |

## CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

**SIGNATURE OF REPORTING INDIVIDUAL** James A. Hayes

**DATE (Month, Day, Year)** 5-4-93



1397

Reporting Individual's Name
JAMES A. HAYES

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | HAYES, DOMENICI & NUNN (event planning-self) | spouse income | N/A |
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For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
JAMES A. HAYES

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | TOBACCO INSTITUTE | SPEECH | 1-17-92 | 2000.00 |
| | NATIONAL ASSO. OF HOMEBUILDERS | SPEECH | 1-25-92 | 2000.00 |
| | OCEAN SPRAY | SPEECH | 2-10-92 | 2000.00 |
| | INT'L INDUST. SYMPOSIUM SSC | SPEECH | 3-6-92 | 1000.00 |
| | INT'L BRIDGE, TUNNEL & TURNPIKE | SPEECH | 5-5-92 | 1000.00 |

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Reporting Individual's Name
JAMES R. HAYES

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | | | Transaction (X) |
| | | | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | |
| S, DC, JT | Examples: | S | ABC Corporation Stock | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | X |
| | | | George Wash. Credit Union Accounts | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | 182 Main Street, Dover, Delaware | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | WRIGHT PATMAN CREDIT UNION | | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
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For additional assets and unearned income, use next page



Schedule III

1400

Reporting Individual's Name
JAMES A. HAYES

## SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Excludes a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | Category of Amount of Value (X) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H over $1,000,000 |
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| | SUCC. JACK A. HAYES | NOTE | | X | | | | | |
| | WOODLANDS PROP. PART. | NOTE | X | | | | | | |
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## SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| N/A | | |
| | | |
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Use additional sheets if more space is required.

Reporting Individual's Name
JAMES A. HAYES

## SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| | Source | Date(s) | Point of Departure—Destination(s)—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 8-13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Spouse | 4 Days |
| | AMERICAN FARM BUREAU | JAN 13-14 | WASH, DC - KANSAS CITY - WASH | Y | N | NONE | N |
| | TOBACCO INSTITUTE | JAN 16-17 | WASH - LAQUINTA CALF - WASH | Y | N | NONE | N |
| | NAT'L ASSO. OF HOMEBUILDERS | JAN 24-25 | WASH - LAS VEGAS (SEE BELOW) | Y | N | NONE | N |
| | NAT'L CATTLEMEN'S ASSO. | JAN 25-26 | LAS VEGAS - SAN DIEGO - WASH | Y | N | NONE | N |
| | AM. ROAD & TRANS. BLDRS | JAN 30-31 | WASH, D.C. - NEW ORLEANS | Y | N | NONE | N |
| | LA. AGGREGATES ASSO | JAN 31-FEB 1 | NEW ORLEANS | Y | N | NONE | N |
| | NAT'L CRUSHED STONE | FEB 1-2 | NEW ORLEANS | Y | N | NONE | N |
| | OCEAN SPRAY | FEB 9-11 | WASH, D.C. - CANCUN - WASH | Y | Y | SPOUSE | N |
| | LAND INFORMERANT CORPS | FEB 20-21 | WASH, D.C. - SAN ANTONIO - WASH | Y | N | NONE | N |
| | I.C. Symp. - SUPER COLLIDER | MARCH 6 | WASH, D.C. - NEW ORLEANS | N | N | NONE | N |
| | DAVIS MT. GROUP | MARCH 13-14 | WASH - ALPINE TX - WASH | Y | Y | NONE | N |
| | TEXAS CATTLEMEN | MARCH 22-23 | WASH - SAN ANTONIO - WASH | Y | N | NONE | N |
| | U.S. DEPT. WILDLIFE & FISH | MARCH 30-31 | PAID BY SELF - CHARLOTTE | Y | N | NONE | Y |
| | MITCH HART | MAY 2 | PAID BY SELF - DALLAS | Y | N | NONE | Y |
| | CALF CATTLEMEN | DEC 3-4 | WASH. - SACRAMENTO - [redacted] | Y | N | NONE | N |
| | INDIANAPOLIS FARM BUR. | DEC 6-7 | [redacted] TO INDIANAPOLIS (BELOW) | Y | N | NONE | N |
| | MISSISSIPPI WETLANDS COAL. | DEC 7-8 | INDIANAPOLIS - JACKSON, MISS | Y | N | NONE | N |
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Reporting Individual's Name
JAMES A. HAYES

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

**EXCLUSIONS:** Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

| Positions | Name of Organization | |
|---|---|---|
| SECRETARY | EVANGELINE OIL REALTY LAFAYETTE, LA. | FAMILY CORP. UNCOMPENSATED |
| BOARD | AMERICAN NUMISMATIC SOCIETY NEW YORK, N.Y. | NON-PROFIT UNCOMPENSATED |
| CHAIRMAN, MEDALS COMM. | 1993 PRESIDENTIAL INAUGURAL COMM. WASHINGTON, D.C. | NON-PROFIT UNCOMPENSATED |
| | | |
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## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | N/A | |
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GPO: 1992 86-835A pbj

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992**

**FORM A**
For use by Members, officers, and employees

RECEIVED
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

JOEL M. HEFLEY
(Full Name)

RM 222 CHOB
(Mailing Address)

(202) 225-4422
Daytime Telephone

Wash. D.C.

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives — State: Co. District: 5th | ☐ Officer or Employee | Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | Yes ☑ | No ☐ | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | Yes ☐ | No ☑ |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | Yes ☑ | No ☐ | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | Yes ☑ | No ☐ |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | Yes ☑ | No ☐ | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | Yes ☐ | No ☑ |
| Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | Yes ☐ | No ☑ | Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | Yes ☐ | No ☑ |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | Yes ☑ | No ☐ | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS** — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10) | Yes ☐ | No ☑ |
| **EXEMPTION** — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions page 11) | Yes ☐ | No ☐ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

| | |
|---|---|
| **SIGNATURE OF REPORTING INDIVIDUAL** Joel Hefley | **DATE (Month, Day, Year)** 5/13/93 |

Reporting Individual's Name
JOEL M. HEFLEY

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

| | Source | Type | Amount |
|---|---|---|---|
| Examples: | State College | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Fairfax County Board of Education | Spouse Salary | NA |
| | | | |
| | SPOUSE: LYNN HEFLEY | | |
| | TRIPLE DIAMOND LTD. (small manufacturing business) | Profits | |
| | PROPERTY MANAGEMENT | Management Fees | |
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For payments to charity in lieu of honoraria, use Schedule II



Schedule I

Reporting Individual's Name

JOEL M. HEFLEY

## SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| Examples: | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1992 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1992 | $500 |
| | Connal Rice Co. | Speech | 3/1-2,92 | $2000.00 |
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Reporting Individual's Name: Joel M. Hefley

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset: Year End Value (X) | | | | | | | | | | BLOCK C Income: Type of Income (X) | | | | | | | BLOCK C Income: Category of Amount of Income (X) | | | | | | | | | | Block D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | None | A Less than $1,001 | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 | Indicate if alternative valuation method (X) Attach explanation | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Income (Specify type) | None | I Less than $201 | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX over $1,000,000 | Transaction (X) |
| S, DC, JT — Examples: S — ABC Corporation Stock | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | X |
| George Wash. Credit Union Accounts | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | |
| 182 Main Street, Dover, Delaware | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | 1/6 interest in Parkview Manor Apts N. Hancock St. Co. Springs, Co. | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | |
| JT | Janosta Apts. Janosta Ln., Co. Springs, Co. | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | |
| JT | 1/2 interest in Foote Av. Apts. Foote Av., Co. Springs, Co. | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | |
| JT | 1/2 interest in Friendship Pl. Apts. Friendship Pl., Co. Springs, Co. | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | |
| | Merrill Lynch Money Mkt. Acct. Co. Springs, Co. | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Piper, Jaffray & Hopwood Money Mkt. Acct. 25 N. Ansena Av., Co. Springs, Co. | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |

For additional assets and unearned income, use next page



Schedule III

## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JOEL M. Hefley

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| | 1/2 interest in farm N. McArthur, Edmond, Ok. | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | |

Page 6 of 7

Schedule III—Continuation

1408

Reporting Individual's Name: Joel M. Hefley

## SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

| S, DC, JT | Creditor | Type of Liability | B $10,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H over $1,000,000 |
|---|---|---|---|---|---|---|---|---|---|
| | Example: First Bank of Wilmington, Delaware | Mortgage on 182 Main St. Dover, Del. | | | | X | | | |
| JT | Jim Bunton | 1/6 of Mortg. on Darkmoor Manor Apts Hancock St. - Co. Springs, Co. | | | X | | | | |
| JT | Principal Mutual Life - Des Moines, IA. | Mortg. on James Ln. Apts Co. Springs, Co. | | X | | | | | |
| JT. | Beverly Group - Denver, Co. | Mortg on James Ln. Apts. Co. Springs, Co. | | | X | | | | |
| JT | Combs Co. - Dallas, TX. | 1/2 Mortg. on Friendship Pl. Apts. Co. Springs, Co. | | X | | | | | |
| | | | | | | | | | |
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## SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

**Exclusions:** Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

**Note:** House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

| Source | Brief Description | Value |
|---|---|---|
| Example: Mrs. Joseph H. Smith, Anytown, USA | Silver Platter (waiver received from Committee on Standards) | $270 |
| | | |
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| | | |

Use additional sheets if more space is required.

Reporting Individual's Name

JOEL M. HEFLEY

## SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

**Exclusions:** The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

| | Source | Date(s) | Point of Departure – Destination(s) – Point of Return | Lodging? (Y/N) | Food? (Y/N) | Which Family Member Included? | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C. – Chicago – Wash., D.C. | N | Y | None | N |
| | ABC Corporation | Aug. 6-13 | Wash., D.C. – Los Angeles – Cleveland | Y | Y | Spouse | 4 Days |
| | Co. Springs Eco. Dev. Coun. | Aug. 3-4 | Denver – Los Angeles – Wash. DC. | Y | Y | None | N |
| | Connell Rice Co. | March 3 | Denver – Newark – Wash. DC. | Y | Y | None | N |
| | 100th Class Cont. Cong. Inst. Inc. | Dec. 4-6 | Wash. DC. – Williamsburg – Wash. D.C. | Y | Y | Spouse | N |
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JOEL HEFLEY
COLORADO
FIFTH DISTRICT

COMMITTEES
ARMED SERVICES
SMALL BUSINESS
INTERIOR AND INSULAR AFFAIRS

Congress of the United States
House of Representatives

May 26, 1993

3

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U.S. HOUSE OF REPRESENTATIVES

The Honorable Donnald K. Anderson
Clerk of the House
Office of Office Equipment
H 105 The Capitol
Washington, D.C. 20515

Dear Donnald:

I am amending my May 13, 1993 Financial Disclosure Statement in the following ways:

1.) I inadvertantly failed to check the "No" box under the heading, EXEMPTIONS on page 1, and would like my statement to reflect "No."

2.) I didn't realize that retirement plans for which I receive no income currently should be included under assets. Therefore, I would like to amend this and all previous forms to reflect the following retirement plans:

a.) Public Employees Retirement Association (PERA)
estimated value: $15,000-$50,000
no income currently

b.) Teacher's Insurance Annuity Association (TIAA)
estimated value: $100,001-$250,000
no income currently

Thank you for your attention to this matter. Should you require any further information, please don't hesitate to contact me at 225-4422.

Sincerely,

Joel Hefley
Member of Congress

JH:ao

WASHINGTON OFFICE
2442 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON DC 20515
(202) 225-4422

COLORADO SPRINGS OFFICE
104 SOUTH CASCADE SUITE 105
COLORADO SPRINGS, CO 80903
(719) 520-0055

ENGLEWOOD OFFICE
9605 MARGON CIRCLE SUITE 220
ENGLEWOOD CO 80112
(303) 792-3923

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF REPORTS & DISCLOSURE
1993 MAY 13 PM 3:21
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

JOEL M. HEFLEY
(Full Name)

RM 222 CHOB
(Mailing Address)

(202) 225-4422
Daytime Telephone:

WASH. D.C.

| Filer Status | ☑ Member of the U.S. House of Representatives | State: CO. District: 5th | ☐ Officer or Employee | Employing Office: |
|---|---|---|---|---|
| Report Type | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date: |

✓ MC

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

1412

HAND DELIVERED

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** | ☑ | ☐ |
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.** | ☑ | ☐ |
| Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.** | ☑ | ☐ |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** | ☐ | ☑ |
| Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.** | ☑ | ☐ |
| Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** | ☐ | ☑ |
| Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** | ☑ | ☐ |
| Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.** | ☐ | ☑ |
| Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.** | ☐ | ☑ |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

Amend.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.) | ☐ | ☑ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) | ☐ | ☑ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (*See* 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Joel Hefley

DATE (Month, Day, Year): 5/13/93

Amendment

Reporting Individual's Name: Joel Hefley

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

| BLOCK A Asset and/or Income Source | | BLOCK B Valuation of Asset | | | | | | | | | | BLOCK C Income | | | | | | | | | | | | | | BLOCK D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. | | Year End Value (X) | | | | | | | | | Indicate if alternative valuation method (X) Attach explanation | Type of Income (X) | | | | | Other Income (Specify type) | Category of Amount of Income (X) | | | | | | | | | | Transaction (X) |
| S, DC, JT | | A None | B Less than $1,001 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | over $1,000,000 | | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | | I None | II Less than $201 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | over $1,000,000 | |
| S | 1/2 interest in FARM N. Mc Arthur, Edmond, OK | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | |
| S | PERA STATE OF CO. Retirement | | | X | | | | | | | | | | | | | | | X | | | | | | | | | |
| S | TEACHERS INS. Annuity ASSN. | | | | | X | | | | | | | | | | | | | X | | | | | | | | | |

Page 5 of 7

Schedule III – Continuation

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